The Canadian Nurse

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The Canadian Nurse

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REDUCTIONS OR DEFICITS

KATHLEEN W. ELLIS, Superintendent of Nurses, Winnipeg General Hospital.

Possibly if these two words, so familiar in the present day, had been associated in this order in the minds of men, this tale would not have been written; readers of the *Journal* would have been spared much, and those facing stern administrative problems, still more. If judicious reductions, curtailment of waste, more forethought when planning even minor extensions, had been effective in public and private enterprises, consistent economy might have taken the place of "drastic cuts".

Preceding the present depression, for a number of years public opinion, that intangible but all-powerful thing, has favoured expansion. Countries and cities proudly boasted of the amount of money spent on this or that; lists were published annually, as human beings vied with one another in a programme of expenditure under which the world is now groaning. Even private individuals were judged by the same standards. That hardest of task masters, public opinion, decreed that it was to be so.

It is not a far cry from the days when, to have graduated the largest, as well as the most sought after and beautiful class, was the claim proudly made, annually, by those who were actively and sincerely interested in the education of nurses. Suddenly, how suddenly, the picture has changed and there has developed what is termed a world-wide depression, affecting alike expenditure and employment. We find ourselves faced with deficits—excess of liabilities over assets, and the necessity for reduction, the professional interpretation of this word being "restoration to a normal position". We, at the moment, are specially concerned with that particular phase of this restoration which affects hospitals and training schools; since at present the latter are an integral part of the former, and must remain so, unless a complete reorganization takes place.

As an outcome of the World War and apparent dearth of trained assistance, we produced nurses fast and furiously. Figuratively speaking, we said that people are ill and always will be ill, sometimes by reason of over-indulgence in the so-called luxuries of life. The demand for nurses seemed so urgent that short courses were inaugurated, and alluring pictures painted of the opportunities that awaited the young woman when she stepped forth into the world as a graduate nurse. These pictures were not the mere fantasies of disordered minds, although they have faded as quickly as though they had been. Nurses who previously spent many months in the year moving from place to place, idle but interested, are now stationary. The world in its mad career has been called upon to halt—to stop, to look and listen, if we will.

Furthermore, we have done some intelligent teaching to intelligent people, many of whom have learnt to order their lives in such a way as to keep well. Those who might otherwise seek hospital treatment cannot afford to do so, so they remain at home and hospital beds are empty, and hospital incomes seriously depleted. People cannot pay for special care, and nurses go unemployed. There is one note of encouragement in this picture of professional gloom: the demand for graduate nurses specially qualified as teachers, hospital administrators, public health workers and specialists, remains fairly constant. A hint to the rising generation of nurses.

We are all willing to recognize the necessity for reduction on general principles while loth to submit to it ourselves, or to apply it to that in which we are particularly interested; a natural sense of self-preservation and a justifiable pride in the undertaking establishes in our minds a very real reason for claiming immunity. Yet, if it is to be effectual in any type of organization, this reduction must be general, and the wider its distribution, the less likelihood of a serious disruption of service.

It is a lamentable truth that the most vulnerable point of attack is usually personnel — reduction in numbers and salaries. To one versed in the secrets of administration the reason is obvious. The steady stream of salaries soon depletes the treasury of the institution; other expenses may vary from month to month, but this remains. It has long been recognized that, when there is a surplus of any commodity in the market, its value decreases. Mass production and machinery have brought about this condition—there is a surplus of workers in almost every field, and their value, as such, has decreased. It is an unpleasant fact, but one that cannot be refuted.

A more even distribution of the money and labour available seems a logical solution of this dual problem. Shorter hours, with lower salaries, are apparently inevitable, and there will be few of those employed who will not welcome the former. These may be effected by leave of absence, hourly and part-time employment, a five-day week, and even an eight-hour day for the private duty nurse. Whatever method is adopted, it is likely that more leisure will result. It is not surprising to learn from the Weir Report that nurses are ignorant of the proper use of such a commodity which, until recent years, rarely came within their ken.

Arguments against changes which involve upset routine, and undesirable irregularities, are not a legitimate reason for declining to participate in adjustments. Is any group, or institution, privileged to refuse to be upset when the world is turned upside down and thousands stand unemployed? A little less self-indulgence for all — employer and worker, doctor, patient and nurse alike. Sacrifices there must be, but divided sacrifices they may be, if made in a spirit of co-operation and interest in our fellow-men. Some patients can do with a little less nursing, and this without foregoing essentials; some doctors can modify their demands. Routines may be modified and procedures simplified.

Is it not true that every large institution has an accumulation which seldom comes in entirety to the knowledge, or vision, even of the hospital administrators themselves? A systematic and unprejudiced survey would reveal instruments, requisitioned last year, which this year have been laid aside; expensive drugs no longer required; particular devices or pieces of equipment that Miss Blank ordered but which her successor feels to be worse than useless. Locks and keys manufactured to guard imaginary secrets, as evidenced by their disuse. It would be no exaggeration to state that thousands of dollars might be written off in the profit and loss columns, with emphasis on the loss, were an accurate statement to be rendered of this phase of hospital work or waste. Nor does one believe that the best regulated institution is exempt. A truthful and frank exhibit of this kind might well prove an interesting one at some hospital convention.

It has been suggested that one or two institutions giving a varied type of service should be used as testing houses for new systems and devices, and information made available regarding the relative merits and demerits of these, before investments are made. Of recent years, closer co-operation and a better interchange of ideas has grown up between those engaged in administrative work throughout the North American continent. This may well be developed further.

The human element also enters into the complex question of hospital liabilities. Surely superannuation, health insurance and like provisions must be considered when formulating plans for reduction. With the greatest respect for, and appreciation of, services rendered, one cannot be blind to the fact that institutions should not be called upon to bear the expense of this recognition, either by retaining an employee after he or she has reached the time in life when they are justly entitled to rest and retirement, or by bearing the expense of a long illness for which, as often as not, the institution is in no way responsible. Many highly organized business concerns have already recognized the need for providing for this inevitable emergency towards which we are all travelling.

It is the responsibility of hospital administrators and executives to see that the burden is justly and evenly distributed without fear or favour, that retrenchments are sanely and wisely made, that the points of least resistance are not too hardly pressed. But it is a responsibility which they cannot bear alone. It has truly been said that "There are some things too big and too serious to be national. They belong to mankind." The present difficulties, nursing and otherwise, may surely be included in this category.

DIETS

A. F. FOWLER, M.D., C.M.
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At the outset, let us define what we understand by a normal diet: it is the customary allowance of food and drink taken by an individual from day to day. The term diet, like many others, covers a multitude of sins. There are both sins of omission and of commission. The former we have with us, especially in periods of famine and depression, but the sins of commission we have with us always. In our profession, we are perhaps more interested in the so-called special diets. Sansum of California, in dedicating his book on Diets, used the following quotation, which, I think, admirably defines what our attitude should be. It is as follows:—"Dedicated to an effort to prevent illness, relieve suffering and prolong life through the proper use of food."

In dealing with the topic of Diets I propose to discuss it under four headings:—

Dietetics in retrospect.
Recent advances in our knowledge of so-called "special diets."
Dietary fads, foods and fancies.
The new diets which we are using in the treatment of diabetes mellitus.

Few of us realize, as we scribble down a few scarcely intelligible hieroglyphics on a special diet requisition, that we are ordering a formula which has been evolved only after years of observation and experimentation. Perhaps it would not be amiss to refer briefly to this science of nutrition in retrospect. Human welfare is closely bound up with the provision of shelter, clothing and more especially of food; and the problem of food has always been a subject of pertinent interest, and enquiry. It has engaged man's attention from the earliest times. We may cite, as an example, the effects of the first problem of nutrition. What a mess Adam got us into, because he ate that apple.

It is of interest to investigate the dietary of the Paleolithic man. In the first place, he ate what he could get, but even then,—50,000 years ago—he had a varied diet. He had no occasion to worry about calories or vitamines. He knew nothing about balancing his diet, and cared less. We are told that he ate various wild fruits and nuts, birds' eggs, honey, snails, fish, frogs, beetles and caterpillars which, incidentally, are still considered a delicacy in parts of China. He ate the flesh of many animals, often in a semi-putrid condition. However, people still like rather high game, so we, therefore, cannot hold that against Paleolithic man. At that time, possibly, the easiest job in the world was that of dietitian to a tribe. There was one disadvantage: if the victuals were not to the people's liking, they could eat the dietitian, but I am told, on fairly good authority, that such penalties are not imposed to-day.

It would be interesting to follow man through the ages, but time does not permit. Let us pause and investigate the beliefs that existed at the time of Hippocrates (460-370 B.C.) The belief, at that time, was in the existence of some specific universal nutrient substance in

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(Delivered before the Alumnae Association of the Montreal General Hospital.)

foods, which was abstracted therefrom through the alimentary function. The earliest scientific observations concerning nutrition were founded upon the commonly noted fact that, in spite of the ingestion of large quantities of food, a normal man did not vary greatly in size from year to year. Sanctorius, in 1614, was the first to attempt quantitative experiments; he would seat himself in a chair which was suspended from a large steelyard with a counterbalance; to the counterbalance he added sufficient weight to allow for the food he intended to eat; when the chair dipped he ended his repast. At this time it was recognized that the weight added by the ingestion of food and drink, was lost in the urine, the faeces, and the "insensible perspiration" which we now know to be carbon dioxide and water. Sanctorius, as a result of his experiments, gave the following advice: "If a physician who has the care of another's health, is acquainted only with the sensible supplies and evacuations, and knows nothing of the waste that is daily made by the insensible perspiration, he will only deceive his patient and never cure him."

The modern era of the science of nutrition was opened by Lavoisier in 1780 when he made the celebrated statement: "La vie est une fonction chémique." Lavoisier discovered the true importance of oxygen and gave it its present name. He declared that the life processes were those of oxidation, with the elimination of heat. Magendie was the first to demonstrate the three foremost groups of foodstuffs, that is, carbohydrate, fat and protein, and to evaluate them experimentally. Liebig, in 1846, showed that it was not carbon and hydrogen that burned in the body, but demonstrated that it was carbohydrate, fat and protein. Lavoisier was executed in 1794 by the Paris Commune, but his work has been carried on by a host of brilliant investigators. Without the information they have given us, we would still be giving the most ridiculous diets, without rhyme or reason.

With this background, let us now consider some of the diets we are using. There are a number of factors which one must consider. In a normal diet the following are essential:—

The diet should consist of sufficient food to supply the caloric requirements of the individual. A patient at rest in bed requires about 1600 calories; an individual with a sedentary occupation about 2500 calories; a man doing hard manual labour may require up to 3500 calories. In other words, the individual should receive a sufficient number of calories to maintain his proper height-weight ratio, in relation to his occupation and habits.

The individual should receive an adequate amount of protein, sufficient to replace the protein that is broken down in the body tissues. Approximately, one gram of protein per kilogram of body weight is sufficient; in the case of children, an extra amount is required for growth.

The diet should contain sufficient carbohydrate to prevent acidosis. Approximately, one gram of carbohydrate to 1-5 grams of fat should be given.

A sufficient amount of mineral-containing foods should be given, more especially those yielding an alkaline ash. The alkaline forming elements are—sodium, potassium, magnesium and calcium. The acid forming elements are—chlorine, phosphorus and sulphur.

The diet should contain sufficient vitamines. If one takes a varied diet there is little cause to worry about this factor. I say this, in spite of the alarming and ridiculous advertisements one reads to-day on this subject.

An adequate amount of bulky residue-containing foods, such as fruits, vegetables, and possibly bran, should be given. A sufficient amount of fluids is also essential.

So much for a normal diet; food requirements must of necessity vary with changing conditions. Let us now consider the patient with a fever. Due in part to the increased temperature, the metabolism of his body is raised and is increased 10 per cent for every degree of rise in temperature. It is, therefore, essential to give the patient a high calorie diet. In view of the fact that his digestive system is not functioning as well as under normal conditions, it is also advisable to administer the diet in a form that is easily assimilated.

As an example, take the patient suffering from pneumonia. If I ever develop pneumonia, my first consideration will be a good nurse and not a good doctor. The doctor might tell me that it was the lower part of the upper lobe, and not the upper part of the lower lobe, that was involved, but it would interest me little. I wish to be nursed properly and fed logically. Small amounts of glucose drinks, at frequent intervals, are ideal for a number of reasons, namely: Glucose is easily digested and assimilated; it is oxidized readily to carbon dioxide and water; the end products of digestion are easily excreted without putting a strain on the kidneys; the drinks can be made very palatable and have a high caloric value. The glucose drink that we use, is made as follows:—

Glucose ....100 gms.
Juice of 2 lemons
Water to ......250 cc.

The drink should be served cold, otherwise it may cause nausea and be refused by the patient.

Typhoid fever is another example of the value of a high caloric diet. What a different picture the patient presents to-day as compared with the emaciated individual of a few years ago. The diets of nephritics have also changed considerably. In acute nephritis, one quart of milk per day is recommended and nothing else, except perhaps one of the so-called "iron tonics." In this condition, we are dealing with a severely damaged kidney, and it is essential to limit the amount of fluids. Milk is recommended because the volume of fluid is small; it has a low salt content, which prevents the aggravation of the oedema; the protein content is small, thus reducing the work done by the kidneys in trying to excrete the end products of protein metabolism such as urea; the alkaline-forming elements are in excess of the acid-forming elements and this tends to make the urine alkaline and prevent acidosis; the patient, because of the generalized oedema, has an impaired digestion, and the milk is therefore of value because of the liquid form of the diet and the highly emulsified state in which the fats and proteins already exist in the milk.

In the case of the chronic nephritic, with nitrogen retention, the so-called "dry nephritis", it may be of slight value to limit the amount of protein, although this is open to question. In chronic nephritis with oedema, the so-called "wet nephritis", the patient is losing large amounts of protein in the urine, in the form of albumen. As he loses this albumen, the proteins of his blood are lowered. The lowered blood proteins tend to cause oedema. We are, therefore, dealing with a vicious circle, if we limit that patient's protein intake. In these cases, it is advisable to give a diet containing a moderate amount of protein, sufficient to supply the body needs, and in addition to help replace that lost by the kidneys. One might discuss at length various other diets which are in common use, such as the Sippy, Lenhartz and so on, but you will recall the words of the Mad Hatter: "I've had enough of this, suppose we change the subject."

I would like now to discuss a few of the fads and fancies in diets. These, for the most part, are sponsored by cultists and quacks, or are sponsored by those interested commercially. There have been, there are and there probably always will be, many diet fads. That these have gained such a wide popularity is due largely to our present day advertising. Without the publicity given to such fads by the radio and press, the food faddists could not long succeed in their propaganda of misinformation. The success of their method depends on the fact that they give some product a fancy name, disguise it physically, if possible, advertise it as possessing marvelous virtues and then sell it at a price out of all proportion to its value.

When we sit down to read the evening newspaper, we are confronted with such headings as "Take off the fat where it shows"—advertising products, some of which contain thyroxin. They take the fat off, but the individual is left with a myocarditis. Another one, "Eat eggs every day and keep healthy." This from a hardware company selling a special steam heated egg-cooker. Then there is the bran fad, "Eat bran and keep well. Be as full of pep in the thirties as in the teens." Some may be greatly helped by bran, and their constipation can be cured, especially if they happen to have the digestion of an ostrich, but if they have congenitally defective or handicapped digestive tracts, or if they have ulcers, they cannot handle the mass of indigestible material and cannot but help aggravate conditions.

Let us take the yeast fad as another example. If we are to keep well, we are supposed to eat yeast every day. Unfortunately, if you look at the evening paper, you will note certain European teachers, medical men with distinguished titles, allowing their names to be used in advertising this same product. It is recommended for everything, from that tired feeling to a nervous breakdown. Yeast is of value in certain cases, no doubt, but it falls far short of its widely advertised claims.

We are told to eat an apple a day, two oranges, bran, raisins, and we are also told that if we do not drink coffee that has been rushed to our homes at much the same rate as the good news was carried from Aix to Ghent, we will be troubled with everything from insomnia to various digestive disturbances. The only thing that saves us from this impending tragedy is the comedy relief supplied by certain radio artists.

Take the vitamine craze. We are to eat bread that has a high vitamine D content due to the addition of irradiated ergosterol. We are to eat wafers that have been exposed to ultra-violet rays and are a cross between hard-tack and dog biscuits. The average dietary has a sufficiently high vitamine content and it seems on the whole unlikely that the artificial addition of vitamines to these foods would profit any but the firm who could advertise the articles to the advantage of their rivals and sell them to a gullible public .

Let us pause and consider some of the methods advertised to reduce one's weight. There are obesity diets that depend partly on the limitation of fluids. One sees such advertisements as: "Will you give me ten days to prove I can make you slender?" The individual naturally loses weight due to the loss of water. To him the diet has been a success and he will mail his hard-earned dollars to the concern. In losing weight, it is well to remember that the first few pounds are the easiest to take off.

Practically this same principle is used by the manufacturer of saline cathartics who advertise such glaring headlines as "Away with that excess fat you're dragging around." "Modern fashions make no secret of the figure." Well, perhaps they don't. Just last night, I came across the following: "She was born, she lived, she loved and was loved, and she was a very unhappy woman." Unfortunately, my sense of humour is such that I can't see much hope that saline cathartics will ever influence our emotions to that extent, or that fat individuals are unhappy. If anything, they are just the opposite.

I would like to say a few words about, and in condemnation of, the eighteen day diet. I am willing to say that one can reduce by taking it, for after all, it consists of between 500 and 600 calories per day. However, the method is too drastic. I would like to discourage the practice. Many of us have seen the results. The individual develops pulmonary tuberculosis. Truly the second state is many times worse than the first.

I am not advocating that people should be careless about what their weight is. Ideally, an individual should be at the correct weight for his height. This has been proved repeatedly by insurance companies who find that the more one deviates in either direction from the normal height-weight ratio, the greater is the increase in the mortality rate. I would like to relate a story in this connection. The Scotch are a thrifty people and waste very little. In 1868, experiments were carried on in the prisons of Scotland to determine the smallest amount of food that would keep the prisoners up to their admission weight. True to their national characteristic of hanging on to things, seventy-five per cent of the prisoners held their weight, in spite of the diet. This as far as I can ascertain, is one of the first experiments on maintenance diets to be attempted in Scotland; and like most things that a Scotchman does, there was a reason for doing it.

One might continue at some length on this topic, but I hope that I have been able to "debunk" some of the fads we are confronted with: fads which are widely advertised, and advertised in such a variety of ways, that they influence a large number of people. I am reminded of a quotation from Dickens, taken from "Barnaby Rudge": "To surround anything, however monstrous or ridiculous, with an air of mystery, is to invest it with a secret charm and power of attraction which, to the crowd, is irresistible." So much for dietary fads and fancies.

Now in connection with diabetes mellitus, and the high-carbohydrate-low-calorie diet we are using at present; I would like to mention a few points of historical interest. In 1674, Thomas Willis observed that diabetic urine tasted sweet. He described the urine with these words: "It tasted as if there had been sugar and honey in it." Incidentally, most investigators since his time have not questioned this observation. Later, in 1715, Dobson showed that the sweetness was due to sugar. In 1869, Langerhans discovered the islands in the pancreas which bear his name. In 1889, Von Mering and Minkowski removed the pancreas of a dog and taught us the cause of diabetes. Laguesse in 1893, was the first to suspect that the islands produced an internal secretion. In 1914, Allen advocated the theory of under-nutrition and showed that over-nutrition shortened the life of a diabetic. However, the degree of under-nutrition was such that if the patient did not die of diabetic coma, he died of starvation, although his life was prolonged slightly more than those who did not receive treatment. In 1916, Schaffer suggested that the internal secretion of the pancreas, when it was discovered, should be called "Insulin." In 1921, insulin was discovered by Banting in association with Best, McLeod, and Collip, and as Joslin puts it, "Diabetes is no longer fatal, and the diabetic has ceased to die of his disease."

Let us now consider the diet in diabetes. In the early days, the logical procedure was to give the patients a low carbohydrate diet. However, there has been a gradual tendency to increase the amount of this food and to make the diet approach more closely that of a normal individual. Dietary treatment still constitutes the main factor in handling a diabetic. If a patient cannot keep his urine free of sugar, the blood sugars normal, and maintain his correct height-weight relationship on a maintenance diet, that patient and that patient only, requires insulin.

The diet of a diabetic is based upon the following factors:

The carbohydrate tolerance.

The caloric requirement.

The protein requirement.

The ratio of fatty acid to glucose.

The principle of under-nutrition.

The evolution of the present diet as developed in the Montreal General Hospital has been as follows: Prior to 1928, practically all the diabetics received a diet of C50, F150, P50. An investigation at that time showed that some had improved, while others were worse after having been on this diet. It was observed that the patients who were over-weight were benefited, while the other group which did not improve was made up of patients who were under-weight. The next step then, was to have graded diets for these types of individuals. The patient who was under-weight received a higher caloric diet; the carbohydrate being increased but the fat and protein remaining the same. This diet was, and still is, a very satisfactory one. However, like all diets in diabetes, it should be prescribed by one who is thoroughly familiar with the disease. Each diabetic presents a problem. One cannot take a "text book diet" and apply it to every case.

The high carbohydrate-low caloric diet that we are now using was started two years ago. The results obtained are highly satisfactory, and in our opinion this is the diet of choice in the treatment of diabetes. This diet is recommended for a number of reasons, some of which are:

It approaches more closely a normal diet. No bran muffins, gelatin or diabetic foods are required. The simplicity of management commends itself. In cases requiring insulin, the dosage has been reduced in many instances. The diet still retains the principle of under-nutrition, and is adjusted to conform with the degree of deviation of the patient from his normal height-weight relationship.

In closing, I would like to quote from an old volume published by Hodgkin, in 1847:—"As the virgins in the Parable merited the appellation of wise or foolish according to the provision which they made for the burning of their lamps, so with respect to the preservation of life and health, wisdom or folly may be shown by our use or abuse of the various articles which we consume in the daily acts of eating and drinking."

THE ANNUAL MEETING OF THE GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA

The Graduate Nurses Association of British Columbia attains its majority and celebrates its twenty-first birthday at the forthcoming Annual Meeting, which takes place in Victoria, on April 17 and 18, at the Empress Hotel. In keeping with the international spirit of 1933, one of the principal speakers will be Miss Elnora Thomson, President of the American Nurses Association. Former presidents of the Provincial Association are to be honoured guests, and it is hoped that a large number of charter members will also be present. The official program follows:

Monday, April 17:

9.30 a.m., Business Meetings of Sections: Nursing Education, Private Nursing, Public Health Nursing., 11 a.m., Council Meeting. 2 p.m., General Meeting: Presidential Address: Miss Mary P. Campbell, R.N.; Report of the Secretary and Synopsis of the Council Meetings: Miss M. Dutton, R.N.; Registrar's Report: Miss Helen Randal, R.N.; Address: Miss Elnora Thomson, R.N., President of the American Nurses Association. At the close of the afternoon meeting tea will be served by the Alumnae Association of St. Joseph's Hospital. 7.45 p.m., Dinner at the Empress Hotel. Miss Elnora Thomson will be the chief speaker.

Tuesday, April 18:

2 p.m., General Meeting: Round Table conducted by Miss Grace Fairley, R.N., Director of Nursing, Vancouver General Hospital. Following this meeting, afternoon tea will be served by the Alumnae Association of the Provincial Royal Jubilee Hospital. At 8 p.m., the Report of the Inspector of Training Schools, Miss Helen Randal, will be presented, and Dr. Neil MacDougall, a member of the Provincial Joint Study Committee will speak. The results of the election of officers will be announced and at the close of the meeting, refreshments will be served by the Victoria Graduate Nurses Association.

The good wishes of the **Journal** are extended to the Graduate Nurses Association of British Columbia upon this coming of age. May it prove to be the beginning of new achievements inspired by the pioneer spirit which marked the early years.

THE CURRICULUM COMMITTEE AT WORK

MARION LINDEBURGH, Convener, Standing Committee on Curriculum, Nursing Education Section, Canadian Nurses Association.

Since the progress report published in the March issue of the *Canadian Nurse,* the Central Curriculum Committee has held another meeting, and is now engaged in another aspect of "Curriculum" activity. During the past month the members have undertaken an analysis of the Report of the Survey of Nursing Education in Canada, with a view to securing all statements and recommendations dealing with the education of the student nurse. Just here, it would seem appropriate to point out that the work of the Standing Committee on Curriculum is concerned only with those aspects of the Survey Report which deal specifically with the undergraduate course in schools of nursing, and therefore is not concerned with, nor does it attempt a study of, problems relating to the graduate fields of nursing service.

It might be of interest to readers of the *Canadian Nurse* to describe the general plan adopted by the Central Curriculum Committee, in its attempt to analyze the Survey Report. The whole Curriculum problem was considered under certain inclusive headings and assigned to appropriate members of the Committee, as follows:

Miss Jean Gunn: General educational policies of an approved school with respect to educational facilities, classroom and clinical. Rev. Sr. Allard: The selection of students—age, health, intelligence, personality, adaptability, academic and social background. Miss Marion Lindeburgh: Personal and professional qualifications of members of nursing school personnel (all those who contribute to the education of the student)—their general responsibilities and relationships. Mrs. Isabel Manson Prince and Miss Margaret L. Moag: The development of preventive and health aspects in the undergraduate course. Miss Isabel MacIntosh: The education of the student to meet the demands of private duty nursing service. Miss Constance Brewster: Curriculum content: (1) Background courses (basic sciences), (2) Professional courses in nursing (classroom and clinical). Miss Ethel Sharpe: Organization of classroom and clinical experiences, sequence and continuity. Methods of teaching (classroom and clinical).

A résumé in French, of the Survey Report, has been prepared by Dr. A. T. Bazin and Dr. J. A. Baudouin, of the University of Montreal. This undertaking was arranged and financed by the Quebec Nurses Association, and the translation should greatly facilitate the study of the Survey Report among our French members.

The Central Curriculum Committee is waiting for further response from provincial presidents, in connection with the organization of their sub-committees. As stated in the March issue of the **Journal,** four provinces have responded. Miss Slattery, Nova Scotia, has the personnel of her committee already selected; Miss Munroe, Alberta, Miss Randal, British Columbia, and Miss Smith, Saskatchewan, have all answered the first appeal and are undertaking provincial organization.

MRS O'FLAHERTY OF MANOR FARM

ELEANOR R. WHELER
Provincial Health Nurse, Department of Health, Province of Ontario

After walking two miles and a half up the tracks to see the five children who are attending the Canadian Pacific Railway School Car, I walked on another mile to see the mother of three of the children who are so eagerly pursuing their education by getting instruction one week out of every five, and by studying at home the other four weeks. These children had given their address as Manor Farm, so I was expecting a rather up-to-date establishment. However, since I had followed their directions, and since they had told me that theirs was the last house for eight miles, I decided that I must be approaching Manor Farm when I saw a low shack built of logs with the bark still on them, and the chinks filled up with clay. From the tiny chimney a spiral of pale smoke rose to the sky. Tucked into a corner of the rocky hill behind the house, were the barn and chicken coop, also built of logs, but of a more careless type of construction.

I knocked at the door, and the woman who opened it jumped as if terrified at the sight of a stranger.

"Good morning, Mrs. O'Flaherty," I said, "I am the nurse from the Dental Car."

"Come on in, Nurse, you're welcome, sure. I've never seen a stranger here for so many months that the sight of you nearly took my breath away. But I'm glad to see you, Nurse, I am that. I've been here for twenty years and I've never had a nurse to see me before. It was good of you to walk away out here. Three miles it is from the village, Nurse, and it's been near two years since I walked out to the village, Nurse,—.

"How are you feeling, Mrs. O'Flaherty"?

"Oh, I'm fine, I've never been sick a day of my life for twenty years Nurse, not since we came to this country. My husband's a beautiful provider, and we never want for a thing. We're C.P.R. Nurse, you know, and we can have everything we want."

"Your teeth don't look very good, Mrs. O'Flaherty. Do they never bother you?"

"No, Nurse, my teeth are fine, they never bother me at all, at all. I've only six left, and they don't just meet, but oh, they are far better than the false ones my husband got from the dentist. He never gets no enjoyment out of his food at all now, and I can eat anything with mine, and I've never no rheumatism, nor nothing like that, so why should I part with these six good teeth, Nurse"?

"How is your digestion? Can you chew your food properly, Mrs. O'Flaherty?"

"Sure, Nurse, my digestion's fine. I never have a pain nor an ache. But my husband's a beautiful provider, we even have a ricer for the potatoes, Nurse, we never want for a thing."

"When I was examining Mary—

"Yes, Nurse, what did you think of Mary, Nurse? She's my baby, eight years old she was this fall you know, and I guess she'll always be the baby now, for I'm fifty-two this year. She is the last of eight of them, all away now but the three at school, and all doing well, Nurse.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON : CANADA

Three boys in the Government camps, one girl in a situation at Winnipeg, and maybe you have heard of Maggie. Her it was that married the teacher, Nurse. Just turned seventeen she was, and I never thought she would do so well for herself as to marry a teacher. You'll have the pleasure of meeting them when you go to the second stop up the line. To think of our Maggie marrying the likes of a school teacher——"

"And about Mary, Mrs. O'Flaherty——"

"Yes, what do you think about Mary, Nurse? You know it's the first time ever a nurse has looked at them, and I've been here twenty years. Next year we get a long service pass, Nurse, anywhere from coast to coast. Won't it be grand to travel, Nurse? Twenty years I've lived in this house, and I've never been more than thirty miles away."

"I thought that Mary looked very thin, Mrs. O'Flaherty. What do you give her to eat"?

"She gets the best food we can get, Nurse. Why, we have fresh pork and potatoes twice every day. My husband's a beautiful provider. We even have a ricer for the potatoes, Nurse, and oh, it makes them beautiful."

"Have you any other vegetables?"

"No, Nurse, we don't like anything else so well as potatoes, Nurse, and we can't get carrots and cabbages and them things to grow, and we haven't had a cow this two years, Nurse, so I guess the children don't get enough milk to drink. Our cow died, Nurse, but we are going to get another next fall, and they drink lots of this canned milk in their tea and coffee, Nurse——"

"But, tea and coffee, Mrs. OFlaherty, are not——"

"Yes, they get all the tea and coffee that they can drink, Nurse, my husband's a beautiful provider. We even have a ricer for the potatoes, and it does make them beautiful, Nurse."

"Milk, and fresh vegetables—"

"All right, I'll do anything to oblige you, Nurse. It's the first time ever a nurse has come to see us, and I'd like to do anything I can to oblige you, Nurse."

"It is the health of your children that I am thinking about, Mrs. O'Flaherty. If they eat the right food——"

"I'll tell my husband what you say, Nurse. He's a beautiful provider, Nurse. I'm sure I don't know why the children don't get fatter."

Feeling that the topic of food was not getting a proper audience, I thought I would try another subject.

"I noticed that Mary had a great many nits in her hair, Mrs. O'Flaherty, but the boys——"

"We never had such a thing in our lives until the children went to school in the village; that was three years ago, after we were burnt out with the fire, and I've never been able to get rid of them since. She gets her bath every Saturday, and I wash her hair every week and fine-comb it, but it never seems to get a bit better. If the boys get them we clip their hair right off short, but with Mary, she's my baby, you know, Nurse."

"If you would mix equal parts of coal oil and sweet oil—I shall leave you a copy of the directions, and I am sure that with a little work you can get rid of them in a few days." And I explained at greater length the treatment, without more than a dozen interruptions.

"While the Dental Car is here, Mrs. O'Flaherty, don't you think it would be a good idea for the children to come and get their teeth—"

"Yes, Jimmy's bothered terrible with the toothache, but he stands it like a man, he does, Nurse."

"His six year molars are quite gone, Mrs. O'Flaherty, there is nothing left but the roots."

"I never complain about *my* teeth, and I've only six left, but a better six than they are I have yet to see, and sure, Jimmy can get on with the mouthful he's got, but I'll send them down to the Dental Car tomorrow, Nurse. I'll do anything to oblige you; it's the first time ever a nurse has been here, and I've been here twenty years."

"Proper food will help the children's teeth, too, Mrs. O'Flaherty. Don't you think you could get some vegetables and whole grained cereals sent in from the store in the village?"

"I'll do my best to oblige you, Nurse. We might be able to send Jimmy in with the dogs. I've really no trouble to clothe the children, Nurse. Some rich women in Ottawa send the grandest things for the children to wear to school, sweaters, and socks, and mitts, and even pants for the boys and skirts for the girls, and what do you think was in the box they sent this Christmas, Nurse? A red dress and a green, and both in the finest satin. My eyes just sparkled when I saw them, Nurse, and I thought: My! how fine I would have looked in that twenty years ago. But I am too old to start wearing satin now, Nurse. I have never worn a satin dress in all my life, but I thought how pretty Maggie would look in them two satin dresses, her that married the teacher, you know, Nurse, so I sent them on to her, and she says she feels just like a princess, Nurse."

I saw that the sun was setting, so I said I would really have to start for home.

"Well, I am glad you came, and I am sorry you can't stay for a bite to eat, but maybe you'll walk out again, Nurse. I would like you to tell me more about the children, and I'll try to oblige you and do all that you say, Nurse, and the next time you come perhaps the children will be fatter. My husband's a beautiful provider; why we have a ricer for the potatoes and everything. We never lack nothing. I'm awful glad you came, Nurse, you've a long, cold walk; it's twenty below now, and with the sun down you will have to walk fast to keep warm. Goodbye, Nurse, goodbye. I'm awful glad you came."

As I walked home I thought about Mrs. O'Flaherty, and her husband that was the beautiful provider, and their little log house with the floors of rough planks, and the homemade beds and stools and table, and I wondered if the few words that I have been able to get in were worth that long, cold walk. But don't you think Mrs. O'Flaherty has been provided with another subject of conversation? Can't you just hear her say,—

"I have been here twenty years, and I never had a nurse come to see me before, but one day a nurse walked three miles just to see me, and when she started for home it was twenty below, and oh, the fine talk we had. That was the year Maggie married the school teacher, what a fine match she made!"

THE SURVEY IN TERMS OF ACTION

Canadian nurses are fortunate in having, at this period of crisis, a chart whereby national and provincial nursing policy may be guided. That chart is the Survey in which may be found a searching diagnosis of our ills and also many valuable suggestions for the cure and prevention of those ills.

Diagnosis may sometimes be so long delayed that the patient succumbs before anything can be done for him. Happily, this is not the case in Canada. The Survey is in our hands, it has already been closely studied by our national nursing leaders, and we have now arrived at a stage in which each Province is ready to critically examine it in relation to a possible solution of its local problems. In other words, the time for action has arrived.

The President of the Canadian Nurses Association defines the relationship of the Provincial Joint Study Committees to the National Joint Study Committee in these words: "Readers of *The Canadian Nurse* are aware that, for some years, the most potent interest of Canadian nurses has been the Survey of Nursing Education in Canada. They are further aware that, throughout these years, the National Joint Study Committee has given leadership to this project. It is the desire of the Executive Committee of the Canadian Nurses Association that, with the formation of Provincial Joint Study Committees, the National Committee shall continue to act as a co-ordinating link. It is suggested, therefore, that Provincial Committees shall send to Miss Jean Browne, Secretary of the Joint Study Committee, 410 Sherbourne St., Toronto 5, material reflecting the activities and accomplishment of each Provincial Committee."

A tentative plan for the organization and programme of the Provincial Committees was approved by the Executive Committee of the Canadian Nurses Association some months ago. The essentials of this plan are briefly these:

Composition of Committees

Representatives of the Provincial Nurses Association. Representatives of the Provincial Medical Association, selected from the sections of Nursing Education, Private Duty, and Public Health. Representatives of the board of trustees and administrative staffs of hospitals, these to be appointed by their respective associations.

Duties of Committees

To study the Survey as it applies to nursing in general, as well as in its relation to provincial conditions. To prepare recommendations for such reorganization of the existing nursing system as the provincial situation indicates as being wise and necessary.

To inaugurate and conduct an educational programme which will reach and enlist the support of groups such as the Provincial Board of Health, boards of directors of hospitals, the medical profession and the general public.

To initiate and maintain cordial relations with the Press.

To build up, by means of a vigorous campaign of education, a body of informed public opinion which will accept and actively support any wise change, legislative or otherwise, which may be contemplated, and which will ensure a thorough test of projected reforms.

With general policy to guide them, considerable work has already been done in some of the Provinces. Full reports are not yet available from all, but a brief summary is appended which constitutes a report of the progress made.

ALBERTA

Organization of the Provincial Joint Study Committee is under way, but at the time of going to press, no official report is available.

BRITISH COLUMBIA

The Chairman of the Provincial Joint Study Committee is Miss Grace Fairley and its Secretary, Miss Mary P. Campbell. Its membership includes:

Representatives of the Graduate Nurses Association of British Columbia: Miss Mary P. Campbell, president; Miss Grace Fairley, second vice-president; Miss Helen Randal, Registrar; and a representative of the Private Duty Section to be appointed. *Representatives of the Provincial Medical Association*: Dr. Wallace Wilson, Dr. Neil MacDougall. *Representing Trustees of Hospitals*: Mr. J. H. McVety, member of the board of directors, Vancouver General Hospital. Meetings will take place monthly. The general programme provides for study of stated sections of the Survey, collection of additional data and formulation of tentative plans for appropriate action in the Province.

MANITOBA

The Chairman of the Joint Study Committee is Dr. E. S. Moorhead and the Secretary is Miss K. W. Ellis. Its membership includes: *Representatives of the Manitoba Association of Registered Nurses*: Miss Mildred Reid, Miss K. W. Ellis, Mrs. J. Morrison, Miss E. Russell. *Private Duty Section*: Miss K. McCallum. *Representative of Public Health Nursing Committee,M.A.R.N.*: Miss A. LaPorte. *Representative of Nursing Education Committee, M.A.R.N.*: Miss C. N. MacDonald. *Representatives of the Provincial Medical Association*: Dr. E. S. Moorhead, Dr. F. D. McKenty. *Representatives of the Laity*: Miss K. Haig, (Editorial Staff, Winnipeg Free Press), Mr. G. K. Guild (Welfare Supervision Board), Miss Esther Thompson (Director, Women's Division, Department of Education), Mrs. Anne R. Gray (United Farmers of Manitoba), Miss G. S. Sinclair, (Manitoba Educational Association), Mr. R. Hawkins, (Manitoba Hospital Association), Mr. H. N. MacNeill, (Manitoba School Trustees' Association).

NEW BRUNSWICK

The Chairman of the Joint Study Committee in this Province is Dr. W. E. Rowley; the Secretary is Miss Margaret Murdock. The membership includes: *Representatives of the New Brunswick Association of Graduate Nurses*: Miss Margaret Murdock, Miss Mabel McMullen, Miss Winnifred Dawson, Miss A. J. MacMaster. *Representatives of the Provincial Medical Association*: Dr. W. E. Rowley, Dr. Barry. *Representatives of the New Brunswick Hospital Association*: Dr. Hewitt, Mr. A. C. Chapman, Mr. Granville. *Representative of the Maritime Catholic Hospital Association*: Sister Camillus.

NOVA SCOTIA

At the time of going to press, no information is available except that Miss Margaret E. MacKenzie and Miss Victoria Winslow have been appointed as representatives of the Registered Nurses Association of Nova Scotia.

ONTARIO

The Chairman of the Provincial Joint Study Committee is Miss Mary Millman and the Secretary, Miss Muriel McKee. The memberbership includes: Representatives of the *Registered Nurses Association of Ontario*: Miss Mary Millman, president; Miss Helen Carruthers, Miss Muriel McKee. *Representatives of the Provincial Medical Association*: Dr. George S. Young, Dr. Fred W. Routley, Dr. Ward Woolner. *Representatives of the Ontario Hospital Association*: Mr. A. S. Silverwood, Mr. George Sutherland, Mr. Fraser Armstrong. *Representatives of the Department of Health of Ontario*: Miss E. MacPherson Dickson, Miss Edna Moore. *Members at large*: Professor Sandiford, Professor of Education, University of Toronto; Miss E. K. Russell, School of Public Health Nursing, University of Toronto.

Meetings will be held monthly, and the programme provides for the study of resolutions sent forward from the Biennial Meeting of the Canadian Nurses Association, together with related resolutions embodied in the Survey itself. Recommendations based on these resolutions are being submitted to the three provincial organizations, the representatives of which are named above.

PRINCE EDWARD ISLAND

The following are the names of the members of the *Joint Study Committee of Prince Edward Island*: Dr. I. J. Yeo, Charlottetown, Dr. J. A. McPhee, Summerside, Miss A. Mair, Prince Edward Island Hospital, Charlottetown, Miss L. Pidgeon, Prince County Hospital, Summerside.

QUEBEC

Organization is in progress but no official information was available in time for publication in this issue.

SASKATCHEWAN

The Chairman of the Joint Study Committee is Miss Ruby M. Simpson, and the Secretary, Miss Elizabeth Smith. The membership includes: *Representatives of the Saskatchewan Registered Nurses Association*: Miss Elizabeth Smith (President), Miss Ruby M. Simpson, Miss G. M. Watson. The Private Duty Section is represented by Miss M. Chisholm. *Representatives of the Provincial Medical Association*: Dr. Middleton, Deputy Minister of Public Health; Dr. Seymour, Dr. Hugh MacLean, Dr. Corbett. *Members at large*: Dr. Walter C. Murray, President of the University of Saskatchewan; Miss Oxner, Director of Women's Work, Extension Department, University of Saskatchewan; Mr. Martin, Business Manager, Regina General Hospital.

The plan of work is as follows: The Survey Report is to be divided into sections and assigned to members of the Committee for study and synopsis. The writer of each synopsis is to investigate and report upon the Provincial situations directly related to the topics dealt with in his or her assignment, and is to give, in a suffix, an opinion regarding the applicability of the recommendations of the Survey to those situations.

The task of translating the Survey into terms of action must be shared by every nurse in Canada if it is to be brought to successful accomplishment. The problems involved are not purely educational in character. At their base they are economic, and touch the lives of every one of us. Find out what your Provincial Joint Study Committee is doing and lend a hand.

NURSING CARE IN SURGICAL CONDITIONS OF THE URINARY TRACT

EUGENIE M. STUART, Surgical Supervisor, Toronto General Hospital

Urology deals with diseases of the kidneys, bladder and urethra. Of these, the kidneys are vital organs, and unless one or both works with fair efficiency the patient cannot live. A healthy adult has about six times as much kidney tissue as is necessary to carry on life, but with advancing years, use and abuse gradually whittle away the excess until what may be termed the vital minimum is reached. When some upset of nature's balance, such as a sudden chill, too hasty an operation, or an infection, overloads the impaired renal function, the patient may die from suppression of urine.

Surgical conditions of the urinary tract may be divided into groups, according to the changes which are brought about in the system. Treatment includes determining the amount of work the diseased organs are capable of performing; regulating the diet, the habits and general hygienic care of the patient so as to rest and restore the kidneys; treating the symptoms as they arise, and removing the cause when ascertained.

Nursing care is a most important factor in this treatment. This includes the care of the skin, strict attention to diet particularly fluids, accuracy and care in collection of urine specimens, intelligence in preparing the patient for and giving the treatments ordered, and avoiding conditions which predispose to or aggravate the disease. In nursing these patients, the structure and function of the organs involved must be fully understood.

In treating the patient, the doctor first endeavours to estimate the amount of structural damage done, and the functional efficiency of both kidneys together, or either kidney separately. In this estimation the cystoscopic examination is of invaluable assistance, as it is the means by which the interior of the bladder can be inspected and abnormal conditions of the kidney demonstrated. It is also used for the introduction of ureteral catheters to ascertain the condition of the upper urinary tract.

The preparation of the patient is the entire responsibility of the nurse. The mental preparation of the patient for this examination is of extreme importance, in order that the full co-operation of the patient may be gained. The patient should be thoroughly clean, fluids given previous to the examination and medication as ordered by the doctor administered. The nursing care after the examination consists of keeping the patient warm, and making him as comfortable as possible, as these patients often suffer considerable pain after examination.

Functional tests, to determine the ability of the kidney to perform its normal function, are also included in pre-operative treatment. One of the most important nursing factors here, then, is the collection of specimens. Specimens for examination should be carefully labelled with the patient's name, date, and whether a voided or catheterized specimen. They should be taken to the laboratory at once, note being made of any abnormal appearance. In the carrying out of such tests as the water test or phenolphthalein test, great care must be exercised in the collection of specimens at the exact time, and in the correct labelling.

All these patients must be encouraged to drink large quantities of fluid to promote increased excretion of waste products. These fluids should be constantly within reach of the patient and supplied in as varied forms as possible. When patients dislike sweet things and carbohydrates are indicated, milk sugar should be used instead of cane sugar, as it has only one quarter of the sweet flavour.

Nursing care after operation on the kidney is similar to that after a laparotomy operation. The position of the post-operative patient depends to a great extent upon the anaesthetic administered. Fluids are usually given in large quantities either by interstitial or intravenous infusion; after nausea ceases they may be given by mouth. The dressing should be closely watched for signs of hemorrhage. For this reason the patient will have to be turned frequently to bring into view the lower border of the dressing. After some operations there is considerable drainage from the wound which may be a large amount of urine tinged with blood and easily mistaken for hemorrhage. The reinforcement of these dressings, at frequent intervals, is of the utmost importance. Every means should be used to encourage the patient to void before catheterization, but the bladder should not be allowed to become distended. The total fluid output as well as the intake should be carefully measured and charted.

In the nursing of patients with diseases of the bladder and prostate gland, a thorough knowledge of relative position and structure of the organs is essential. "To bring an elderly man, with a long standing prostatic obstruction safely through the period of preoperative preparation, the operation, and the stage of convalescence, is the certificate of a good nurse," states one of our leading urologists. These men have a minimum of renal function, as is evidenced by the dry skin, dry, furrowed tremulous tongue, pain in the loins and thirst. This thirst they are careful not to satisfy as they think that by limiting the fluid intake, they decrease the frequency of urination, a mistaken notion, for the concentrated urine is more irritating. They are exhausted from loss of sleep occasioned by frequent urination.

The longer the patient has delayed operation, the longer will be the pre-operative period. Some surgeons endeavour to prepare their patients by an indwelling catheter or frequent catheterization, others by an immediate bladder drainage. If the patient has had a large amount of residual urine for a very long time and there is a chronic distention of the bladder, it is very dangerous to suddenly empty it either by catheter or suprapubic operation; such a procedure would probably cause a suppression of urine and the patient would die from uraemia. The doctor to avoid this, will adopt some method of gradually emptying the bladder, either by plugging the catheter and withdrawing six or eight ounces every six hours, or partially occluding it with a clamp and allowing the urine to drip slowly away.

Neither of these methods, however, allows for periodic variation in the rate of kidney secretion and the better method is the gravity method. By this method the patient who is admitted with a distended bladder and suffering from retention of urine is catheterized, the catheter being clamped and connected by a connecting tube with rubber tubing which is carried upward a distance of about three or four feet above bed level, before emptying into a drainage bottle at a lower level. The clamp is then opened and the urine drains from the bladder slowly, on account of the pressure exerted by the height of the tube. This method prevents the rapid collapse of the bladder and allows for the instability in the rate of kidney function. The height of the tube is gradually lowered until the bladder is emptied. It then continues to drain into a receptacle at the lower level. The nurse should ask the doctor for instructions as to watching this apparatus.

The prostatectomy patient is usually more susceptible to complications which interfere with his progress. One of the most serious of these is uraemia resulting from suppression. All urine must be measured night and morning and the receptacle observed at frequent intervals, to see that the catheter has not become plugged. As noted before, the tongue is a very accurate guide of renal function. The nurse should realize this condition will not clear up by purely local care, and should renew her efforts to stimulate elimination by forcing fluids, increasing skin and kidney function and intestinal elimination.

Every precaution should be taken to avoid stasis of fluid in the base of the lungs. The patient should be encouraged to move in bed, and be turned frequently; he should have fresh air but be kept warm and protected from drafts; he should be encouraged to breathe deeply. The skin is usually thin and poorly nourished, and if he be allowed to lie on a damp sheet, bed sores will develop. Bony points should be well protected from pressure. The mental attitude of these patients is at times a problem. Old people are often fussy and set in their ways, change affects them and retards their recovery. They should be allowed their own way in non-essentials.

The special field of nursing in surgical conditions of the urinary tract is one which differs in various hospitals, but the basic principles remain unchanged. In conclusion, these, summarized, are accuracy, encouragement of ingestion of fluids, elimination of waste substances, the mental comfort of the patient and his active cooperation.

THE EDITOR'S DESK

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The April Journal

The keynote of the April Journal is action. Joint Study Committees in the various Provinces are getting under way; the Central Committee on Curriculum reports further progress, and Miss Elizabeth Russell in *The Public Health Nurse and Relief,* shows how the present emergency is being met in Manitoba. In *Reductions or Deficits* Miss Kathleen W. Ellis goes right to the root of some of our troubles and raises some points which should give rise to lively discussion.

Dr. Stevenson's article, *The Nurse and the Mentally Sick,* has been placed under the caption of the Department of Nursing Education because of its searching criticism of our present educational approach to the care of the mentally ill, and of what he considers the failure of our nursing texts to deal adequately with the management of mentally disturbed patients. Dr. Hewitt's analysis of what is wrong with *Private Duty* should be read with close attention, not only by private duty nurses, but by those responsible for their professional preparation. In an early issue further reference will be made to Dr. Hewitt's thought-provoking article.

In the field of clinical nursing, the Journal is privileged to publish *Diets* by Dr. A. F. Fowler, who demonstrates that the subject of nutrition may be treated with humour as well as erudition. Miss Eugenie Stuart gives a clear and practical exposition of the nursing care of urological patients and, in the miniature comedy entitled *Mrs. O'Flaherty of Manor Farm,* Miss Eleanor Wheler suggests certain undertones not altogether frivolous.

In *Book Reviews,* Dr. Grant Fleming reviews a new Canadian text-book which should find its way into all nursing libraries. The Journal would much appreciate assistance from teachers in Schools of Nursing and those associated with Public Health activities in building up a really good Department of Book Reviews. A list of books awaiting review is listed in this issue—which one would you like to tackle? Write and ask for it.

New Features

The Executive Secretary of the Canadian Nurses Association, Miss Jean S. Wilson, inaugurates a new department with *Notes from the National Office.* This feature will appear regularly in future and will keep Canadian nurses informed concerning the activities of the national body.

Official Directory

One of the important functions of the Journal is to provide a correct and up-to-date *Official Directory* of the nursing organizations of Canada. In this issue the directory has been re-arranged under four major headings: International and National Associations; Provincial Associations; Graduate Nurses' Associations; Alumnae Associations. The last three groups have each been listed in alphabetical order, under their respective Provinces. This new and more convenient arrangement will not entail additional expense to the Associations, but it is hoped that all concerned will peruse *Off Duty,* which as a general rule, is not required reading, but to which attention is respectfully drawn this month, in the hope that certain editorial burdens may be lightened thereby. Failure to spell names and addresses correctly and legibly, though a minor error in itself, leads to confusion and mistakes, and thus frustrates the very purpose which the Official Directory is supposed to serve.

The New Uniform

The response to the appeal of The Canadian Nurse in her new uniform has been most cordial. Many kind letters and messages have been received from old friends and new. Subscribers who had "lapsed" are bringing forth fruits meet for repentance, and some valued advertisers have decided to renew their contracts. Most encouraging of all is the evidence that the Provincial Associations, the Alumnae Associations and the nursing staffs of hospitals, are actively interesting themselves in a circulation campaign.

The efforts of the Secretaries of the Provincial Associations in Alberta, Manitoba, Ontario, and Quebec are already showing results. The Alumnae Association of the Hamilton General Hospital sent in a single check for 177 subscribers on behalf of its members, and the Registered Nurses Association of Ontario, District No. 8, sent in a full list of its members to be checked, as a first step in a subscription campaign, an excellent example which is worthy of emulation by similar groups. The President of the Alberta Graduate Nurses' Association contributed a goodly list of new subscribers, as did the newly organized Alumnae Association of the School of Nurses of the University Hospital, Edmonton. The graduate staff of the Alexandra Hospital of Montreal subscribed en masse, and the Montreal Branch of the Victorian Order of Nurses lived up to its excellent record of being 100% subscribers. There are also signs that an interesting experiment is being carried on among the student group at the City Hospital, Saskatoon. The Canadian Nurse will have to work harder than ever to deserve the ungrudging support she is getting in these difficult days.

Letters to the Editor

So far only one letter, intended for publication, has reached the Editor's Desk. Unfortunately it was not signed nor was an address given, yet it was a good letter and dealt fearlessly with certain controversial questions. But since it was anonymous it could not be published. While the Editor reserves the right to decide whether or not letters shall be published, she promises careful consideration of any authentic communication, provided the identity and professional status of the writer is known to her. Under these conditions a pen-name may be used, though it is preferable that correspondents should be willing to display the courage of their convictions and stand back of their statements. A page will be devoted to correspondence. Who will start the ball rolling?

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

THE NURSE AND THE MENTALLY SICK

G. H. STEVENSON, M.D., Medical Superintendent, Ontario Hospital, Whitby

I take it that the majority of nurses have had but very slight contact with mental hospitals, because, for a great many years, there has been a more or less sharp dividing line between general and mental hospitals. General hospitals have been willing to receive for treatment almost any type of illness except mental illness, although they may also, for very good reasons, discriminate against certain infectious diseases, such as smallpox and tuberculosis, though under certain circumstances patients suffering from such diseases are admitted.

It is interesting to note that one of the oldest hospitals on this continent, the New York Hospital, in its Charter received from King George the Third prior to the War of the Revolution, was instructed to receive the so-called "insane" patient as well as persons suffering from other illnesses. The New York Hospital has received the mentally ill ever since, although for many years it has had a special division for the care and treatment of this latter group.

Not only have general hospitals refused to admit the mentally ill, but it has not been an uncommon experience for many physicians to cheerfully admit that they knew nothing about mental illnesses, and that they were only too glad to refer such patients to a practising psychiatrist, or send them to a mental hospital, with a distinct feeling of relief.

We appear, however, to be entering a new era in which general hospitals are again receiving the so-called mentally ill, and in which physicians are no longer quite so proud of their ignorance of the causes and symptoms of mental illness. Many general hospitals now have a psychiatric ward or psychiatric service, and psychiatric patients are received on the same basis as patients suffering from other illnesses. Private physicians are also learning more about mental illnesses, and many of them are treating such patients in their homes or in general hospitals, calling in a specialist if necessary. The mental hospitals, for their part, are no longer receiving chronic mental cases who cannot be cared for elsewhere, but are receiving many early psychopathic reactions and border-line cases, and are paying a great deal more attention to the physical factors in psychoses than was formerly the case. Our best mental hospitals are equipped with diagnostic and technical appliances to a degree that was unimagined even a quarter of a century ago.

Sometimes it is a real problem as to whether a delirious patient can be treated more satisfactorily in a general, or in a mental hospital, because after all, the only point that should determine the type of hospital for any particular patient is "Where can he be treated to the best advantage?" For example, some time ago, in one of our smaller general hospitals, I saw a young woman who had given birth

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(An address delivered to the Supervisory Nursing Staff of the Toronto General Hospital.)

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

to a child, and forty-eight hours later became acutely excited. She was talking incoherently, and quite loudly; it was difficult to keep her in bed; difficult to give her nourishment or any other tretament that her physician might order for her. The hospital was anxious that she be classified, so far as they were concerned, as a mental hospital patient, and that she should be transferred to our hospital at Whitby.

As a result of my examination of this patient, I came to the conclusion that she was in a confused and toxic state from a prolonged and difficult labor, infection from perineal tears, and loss of sleep, and that it was a toxic state from which she should recover as soon as the toxemia could be cleared. Moreover, as it was cold weather, I felt it unwise that the patient, so soon after child birth, should be subjected to a long trip, even by heated ambulance, from one hospital to another. I therefore advised that she remain where she was, and certain suggestions as to clearing up the toxemia were made. The patient was clear in her mind, and well in her body, six days later, and has been perfectly well ever since. While no injustice would have been done the patient, except by increasing her risks by transferring her in cold weather to a so-called "mental" hospital, she was quite suited in the hospital where she was, her delirious symptoms were controlled, special nursing care was given, and the general hospital was the place for her.

At the same time, we do receive in our Ontario mental hospitals, a fairly large number of so-called puerperal psychoses, when it appears that the delirium is of so severe a nature as to render transfer advisable, or when the delirium persists so long that a different type of environment is advisable. The point I am making is that, so far as puerperal psychoses are concerned, these are received by both general and mental hospitals at the present time, and this group perhaps is the closest connecting link between general medicine, obstetrics, and mental medicine.

You will notice that I have used the word "delirium" to describe the mental condition of this puerperal patient. I take for granted that in Schools of Nursing the nursing of delirious patients is given ample consideration, although I was surprised and somewhat shocked to find very little indeed on delirium in the usual nursing textbooks. One textbook has only two paragraphs on delirium, and I could find no other reference, in the index, to mental disorders or their nursing care. In the other textbook I could not find a single paragraph on delirium or mental nursing, and yet I imagine that many patients are admitted to general hospitals who show some degree of delirium. Certainly in private nursing in private homes there is considerable delirium associated with acute infective diseases, and I assume that instruction in the nursing of delirious patients is taught in all general hospitals, in spite of the fact that in one of these accepted textbooks, there is no reference to such troubles, and only two paragraphs in the other. I hope this omission will be rectified in future editions of these otherwise very excellent textbooks. The very omission, however, of these subjects indicates that the authors of these textbooks have regarded delirious states, and other mental disorders, as practically outside the realm of general nursing.

As contrasted with the neglect of this subject in these textbooks, I would refer you to another common symptom in illness, namely,—changes in body temperature. I do not know in what proportion of sick people the body temperature is abnormally low or high, nor do I know what proportion of sick people are delirious, but I would imagine that some degree of delirium, or abnormal mental reaction, is nearly as common as changes in body temperature. In one of these textbooks there are eleven pages on temperature, the taking of temperatures, the care of thermometers, as contrasted with the two short paragraphs on delirium. Why should temperature variations be given so much more consideration than personality variations? I think one reason is that at the present time, we are beginning to regard personality variations as a part of general nursing, and another reason is that we have not as accurate instruments for measuring personality variations as we have for temperature variations.

You may say to me, however, that you have had good teaching and good experience in the nursing care of delirious patients, but you do not see what that has to do with so-called mental patients. May I say that there is no difference between delirious patients and mental patients. If you look up your dictionary you will find that the definitions of delirium and of psychosis or mental disease are practically the same. "Psychosis" is defined as follows:—"Mental derangement"; "a mental disorder"; "any prolonged form of mental disease"; "any disease of the mind." "Delirium" is defined as "a morbid condition where the mental action is incoherent and characterized by hallucinations, etc."; "a frenzied state of mind"; "a psychotic syndrome of short duration characterized by disorientation, illusions and hallucinations." These definitions are practically interchangeable, and in actual practice delirium, and so-called insanity or psychoses are one and the same thing. While it is common practice to apply the word "delirium" to a mental condition of short duration, nevertheless if that mental condition does not clear up in a short time, but the symptoms remain more or less the same, it is still delirium. This concept of mental illness as delirium immediately brings the whole field of psychiatry into general nursing. If your pneumonia patient is dedelirious, you do not give up the case because he is delirious, and delirium from other causes should be regarded in exactly the same light.

Taking this conception of mental illness as delirium, we immediately see the absurdity of even speaking of mental diseases as if they were a separate group, just as absurd as it would be to speak of patients with elevation of temperature as fever diseases. I know that in England certain hospitals are known as "Fever Hospitals," but that has never been the practice in this country. We know that fever may occur in infections, in toxic states, in brain injuries and other pathological conditions, and it is the business of the physician to find the disease which has caused the fever. Similarly, it is the business of the physician to find the cause of the delirium when a person presents mental symptoms. In the treatment of so-called fever diseases, it is the treatment of the underlying pathological state, and in mental diseases, so-called, it is the treatment of the condition which has produced the delirium.

We know the causes of delirious conditions, although until recent years there was a cloak of mystery over this group, and there was also considerable ignorance as to the actual pathology. This condition no longer holds to-day. We know that delirious symptoms arise in three chief pathological groups. I touched on the first group earlier in this paper in referring to puerperal psychosis. However, included in this group are not only the puerperal psychoses but all toxic states which are due to infection, exhaustion, starvation, dehydration, anaemia, or where the toxic state arises from something taken into the body, such as alcohol. This forms one large group, the so-called toxic delirious states or toxic psychoses. This is the group you are perhaps most familiar with, as many persons suffering from these conditions are cared for in general hospitals or in private homes, and in this group, so far as we know, there is no actual brain change, but the poisons arising within or without the body intoxicate the brain so that it is unable to function adequately.

The second large group of delirious states are those due to actual brain change, such as old age, arteriosclerosis of the cerebral blood vessels, brain tumor, encephalitis, general paresis. Here we have mental symptoms of a somewhat different type, due to the fact that a large number of brain cells have been destroyed, leaving an insufficient number for normal mental activity. Mental symptoms in this group are confusion, loss of memory, failing intellect, and so forth.

The third and last group is that of delirious symptoms arising on the basis of difficulties in the emotional life of the patient due to external traumata, such as unemployment, death of relatives, loss of friends, business reverses, family difficulties, or due to inner environmental factors, such as an inability to adjust one's inner life to the personal problems and difficulties we all have to face. In other words the delirious symptoms in this group are due to a failure to successfully adapt to life's experiences. The individual is overcome by life, and delirium results in the form of hallucinations, bizarre delusions and peculiar behaviour. This patient is just as delirious as the patient suffering from pneumonia. His delirium may not present just the same picture as a pneumonia delirium, or a typhoid delirium, or a delirium tremens, but it conforms to the dictionary definitions. We are not nursing a "case of insanity." We are nursing a person sick in body and soul, who has been overcome by difficulties he failed to surmount.

There are nearly always physical factors complicating such a type of illness, but the modern physician, and the modern nurse realize that, if the delirium is not due to an intoxication of some sort, and is not due to an organic brain change, such as old age or arteriosclerosis, then the chief factor must be emotional. It is the business of the physician to attempt to understand the environmental situations which have produced the emotional disturbance, and it is the duty of both the physician and nurse to correct, as far as they are able, that emotional distress and the causes which have produced it.

No longer is it ethical for a nurse to say she will not nurse mental cases, or for a general hospital to say: "we will not receive mental cases." The doctor and the nurse and the hospital are all dealing, not with "mental" cases, but with sick people, who have become delirious. It may be inadvisable for the general hospital to care indefinitely for certain types of delirium, but we must all work together for the good of the patient, to remove the causes of his delirium and to restore him to physical and mental health again.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

PRIVATE DUTY FROM A PHYSICIAN'S VIEWPOINT

S. R. D. HEWITT, M.D. Superintendent, Saint John General Hospital, Saint John, N.B.

This subject may be approached from many angles, any of which is capable of providing material for indefinite discussion. I prefer not to speak of the various good qualities of the nursing profession or of how a dressing should or should not be done, but rather to approach the topic from perhaps an unusual angle, namely, the prospective probationer, or, in other words, the source of supply. How are we preparing her to render efficient service as a private duty nurse?

In putting this question, I do not refer to completed Grade XI, or junior matriculation, or first year arts, or any such standard. I simply make this query: "Does the present nursing curriculum, which sets these standards of preliminary education, contain that which will best equip a student for entrance to the nursing profession, or can we, by collaboration with educational authorities, evolve a new curriculum, more or less specifically designed to suit the peculiar requirements of the profession?" I believe we can.

Nursing consists of two distinct parts, which, however, are more or less interwoven: Science and Art. Science represents the knowledge necessary to pass examinations. Art presumes that understanding of the human mind, those observation and deduction elements, the possession of which enables the nurse to anticipate and perform those many little services so much appreciated by the patients, so essential to their comfort and recovery, and of such vital importance to the physician.

I recently came across a quotation by the Right Honorable Stanley Baldwin which is as follows: "There are two sorts of education. There is the education where you get your knowledge; and the education, which is equally important, of friction with other human beings; and that you cannot get as long as you sit by yourself in your lodgings. You get it only through rubbing your brains with those of other people. You get the corners knocked off, you learn toleration, and you emerge an infinitely better fellow, able to get to work at once among your fellow-men. Work will be infinitely better done if you have gone through that process of friction and massage, with other human minds and men."

Do our nurses get this kind of friction during their preliminary education, or is there something missing? How many hospitals in Canada base the training of their nurses upon a careful study of what the students intend to do after graduation? I fear there is very little correlation between the course of study and the fields of endeavour available or entered upon after graduation. About 25% of all nurses enter the hospital field; 55 or 60% private duty nursing; the remaining 15 or 20% engage in Public Health or Social Service. I venture the observation that the training received is more directly applicable to that 25% who become institutional nurses. What about the other 75%?

You all hear these questions: "What is the matter with the graduate nurses we get? With the specials? Why is it so hard to get good private duty nurses for the home?" Is it reasonable to believe that many of these troubles may be of the hospitals' (I use the plural) own manufacture? How much care is taken in selecting the raw material? Patients demand keen intelligence, good educational background, and sound nursing education.

Another criticism that is often made is: "Too many nurses pick and choose their cases." Is it all their fault? Is not the real reason the fact that the nurse never had the proper kind of education—the type of friction—never saw the kind of case she is asked subsequently to nurse? How many nurses have even the most elementary training in the care of neurological, mental, and tuberculosis patients? Is it their fault? Some have only scant training in obstetrics; some never had a male patient, and never intend to. Is it their fault? Some won't do night duty. Some won't go to the country.

The physician requires of a nurse that she be his eyes and ears—that in the interval between his visits she observes, notes and senses the important variations in her case; that she be ethical; that she carefully guard the confidence placed in her by himself and his patient. It is not only essential that a private duty nurse be well acquainted with sick room technique, which is the science of her profession, but that she be equally well acquainted with the ethics of her profession, sometimes forgotten, especially when she talks too much.

Now there are always two sides to a story, and I am firmly of the opinion that there are two sides to this story: If a nurse picks and chooses her cases, it is, in my opinion, not always her fault. She may not have had the proper kind of training which is necessary for her to efficiently nurse a particular type of illness, and if she accepts the case she is only too well aware of her shortcomings, and that not infrequently, she will be subjected to adverse and really unjustified criticism. There should be very definite, concentrated effort directed towards giving nurses-in-training at least some practical instruction in the care of unusual disorders, such as neurological, mental, and tuberculosis, which are not usually cared for as a routine, in the average general hospital.

In approaching the general subject of private duty from the educational angle, I have purposely kept away from cut and dried discussions of the private duty nurse, in order that I might stimulate thought in what I consider to be a more profitable direction.

Department of Public Health Nursing

Convener of Publications: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

THE PUBLIC HEALTH NURSE AND RELIEF

ELIZABETH A. RUSSELL, Director of Public Health Nurses, Province of Manitoba

The activities of the Department of Health and Public Welfare in Manitoba are directed, in general, towards the conservation of life, prevention of disease and the alleviation of suffering. The ideal of such a department is that "Every individual should have an equal chance for health". The work of the Public Health Nursing Division, in particular, is directed towards child health and efficiency. In working towards this goal, the three main problems confronting us, as Public Health Nurses, are: Obtaining the intelligent co-operation of the community in all measures that make for the health of the child; helping towards the correction of remedial defects of all children; and that third problem, which has become so acute during the past two years, providing medical and social relief for those in need.

The unfavorable economic conditions which at present affect the country at large, have greatly increased the social and health relief problems in Mantiba; so much so that this aspect of the problem, during these unusual times, has developed from a minor to a major one. It is a factor, moreover, that must be dealt with in the present, in order to prevent far-reaching ill effects in the future.

A few years ago the majority of families in need of relief were living in the cities; but now circumstances, over which they have no control, have made it necessary for many families in rural communities to seek outside assistance in providing necessary food and clothing for their families; and while it is the duty of a municipality to provide for the needy, yet at the present time, many municipalities are financially unable to meet this obligation in full.

As there are no official relief agencies outside the cities of the Province, the public health nurse has been a chief factor in organizing relief committees where necessary, and has co-operated with existing official and private relief agencies throughout Manitoba in investigating and reporting the needs of those in distress, to the end that thousands of families this winter have been provided for. Relief, in any form, is not distributed personally by the public health nurse except in the rural parts of the Province or in an emergency. The names of all cases helped are cleared through a Central Agency. The relief division of the Department of Health and Public Welfare provides medical and social relief to the needy in unorganized parts of the Province. This division maintains part-time inspectors at various points, who report cases and supervise the expenditure of relief moneys allotted to the families. During the past year, public health nurses have co-operated with this division in investigation and have obtained the necessary help and treatment for three hundred families. About $100,000 was expended by this division during 1932.

An outline of nourishing meals, for families on relief, has been drawn up by the Domestic Science Department of the Manitoba Agricultural College and a trained dietitian, from the Extension Department, will go to any part of the Province to demonstrate the planning and preparation of these meals. Public health nurses have arranged for these courses to be held at various centres. So much enthusiasm was aroused in the city of Brandon after such a course last year, that the Citizens' Welfare League collected five hundred and seventy-five dollars, and this sum was used to promote thrift vegetable gardens for families of the unemployed. The City Council donated vacant lots for this purpose, each family securing a lot as near their home as possible. The League provided the seeds and cuttings, and a committee of retired farmers supervised the planting and cultivation of the gardens. This project provided the families with healthful exercise, as well as healthful food.

Emergency food closets are maintained in some of the towns and villages, jellies, preserves, canned goods, cocoa and cod liver oil, that have been donated by local people, are distributed to the sick poor on the recommendation of the nurse. Men's Service Clubs have been most generous in providing clothing, medical and dental treatment, milk and treats for needy children, as have the medical and dental professions in giving free professional service to patients referred by the public health nurse.

In the Autumn of 1932, it was brought to our attention at headquarters that some hundreds of children, in remote parts of the Province, were unable to attend school for want of warm clothing, and a special effort was made to meet this need. With the help of the Winnipeg Women's Club, Junior League, Tribune Stocking Fund, Manitoba Nurses' Association, Manitoba Red Cross, and the Shriners' Hospital staff, together with groups of professional and business women, material was bought and sewing parties were organized at the Provincial Nurses' headquarters; here nurses and their friends gathered in the evenings and made dresses and underwear. Hospital nursing groups and unemployed women's groups became interested and made up a quantity of clothing. About 700 children were thus provided with garments and footwear which will enable them to continue their education, and a gleam of hope has been carried into many desolate homes through the receiving of gifts by the children, and practical hampers of groceries for the family.

In selecting families for relief, cases where there was tuberculosis in the family, or where one or both parents were incapacitated through illness, were given first consideration; a few families of disabled soldiers were also helped. In most cases, the families were large, and sad stories were told by the nurses of the constant grim battle with poverty and sickness. In some instances, the homes had been burnt and the families were living in a stable. One public health nurse reported the living conditions of some of the people in her district as pitiful. "They angle fish with a hook through a hole in the ice from early morning until night; their average earnings being 15c to 30c per day, and with a house full of children, they have a very hard time to even exist."

One ennobling feature of this depression is that it has awakened the members of the community to a realization of their duty to share what they have with the less fortunate. The generous spirit of the

West has surely been evinced this past winter in the eager response of multitudes of people in all walks of life to the appeals for help for the needy in this Province. Poverty and ill health are grim facts that cannot be ignored, and all measures which alleviate these afflictions now, will lessen the burden on municipalities and on the Province in the years to come, by reducing to a minimum the number of diseased and physically infirm who might otherwise have to be maintained permanently by public funds.

HOW NURSING INSURANCE WORKS AT BRATTLEBORO

(Courtesy of the American Nurses Association)

Whether Mrs. Jones, of Brattleboro, Vt., gets a graduate nurse or a nurse attendant when she is ill depends entirely upon the type of sickness and not on Mr. Jones' ability to pay. For the Joneses and some 800 neighbours of Brattleboro distribute the cost of sickness by group purchase. A form of mutual benefit insurance provides for nursing and hospital service, either or both of which may be obtained by the same person. Chronic and maternity cases are not covered.

The Committee on the Costs of Medical Care tells how the nursing insurance scheme works. When a member of the Association for Nursing Services is ill, he may have a visiting nurse at one-half the regular charge. Or if he needs constant attention, a graduate private-duty nurse is provided at one-third the regular charge, usually $14 a week. Attendant nurses are supplied at one-half the usual charges, or from $11.50 to $15 a week. The rates for private-duty and nurse attendants being about the same, the kind of service needed determines the type of nurse selected. Hospital nursing service is also provided at reduced cost. Yearly premiums under the nursing insurance plan are $2 a year for single persons; $3 a year for married couples, and 50 cents each for children under 16. The cost of protection per person per year has been $1.01.

OFF DUTY

We often consult the dictionary these days . . . chirography is a nice long word . . . it means the neglected art of handwriting . . . something that has a burning interest for us . . . well-disposed persons anxious to become subscribers write us . . . prayerful study of their signatures is in vain . . . we are reminded of a deaf old lady . . . introduced upon an important occasion . . . to a gentleman rejoicing in the name of Spoopendyke . . . the old lady asked him to repeat his name . . . which he did loudly several times . . . finally the old lady said . . . "I'm sorry, sir . . . it sounds to me like Spoopendyke". . . some of the signatures we fail to decipher . . . may be either Spoopendyke . . . or Montmorency . . . or Macpherson . . . the result is the same . . . we can't read them . . . next month there will be letters signed Indignant Subscriber . . . references to failure of *Journal* to arrive . . . alarums and excursions . . . wild search of mailing list and office records . . . revilings of the printer . . . final discovery that a signature . . . that looked like nothing but a tired rubber band . . . is that of Indignant Subscriber . . . we apologise of course . . . the subscriber is always right . . . and gets an extra copy . . . presently the post office will disgorge the unclaimed copy . . . marked Unknown . . . well, we didn't need to be told that . . . we tried hard enough to find out . . . the typewriter is a grand invention . . . or BLOCK CAPITALS could be used . . . meantime, we are taking lessons in chirography . . . some day we expect to decipher News Notes . . . except the name of the secretary . . . that usually eludes us . . . even when signed on . . . the dotted line . . .

THE CANADIAN NURSE

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BOOK REVIEWS

The Human Body and Its Functions, An Elementary Textbook on Physiology, by C. H. Best, M.A., M.D., D.Sc. (Lond.), F.R.S. (Canada), F.R.C.P. (Canada), Professor of Physiology and Director of the Department, Associate Director of the Connaught Laboratories, Research Associate in the Banting-Best Department of Medical Research, University of Toronto; and N. B. Taylor, M.D., M.R.C.S. (Eng.), L.R.C.P. (Lond.), F.R.C.S. (Edin.), F.R.C.P. (Canada), Professor of Physiology, University of Toronto. 417 pages; illustrated. Published by W. J. Gage and Company, Limited, Toronto, 1932. Price, $3.50.

This volume is what its name implies — an elementary textbook prepared as an introduction to the subject of physiology. It is, however, more than that in the sense that the authors have not presumed that the reader is familiar with anatomy, physics or chemistry, and they have, therefore, included sufficient on these subjects to make the text clear concerning the physiological processes with which they deal.

Simplicity of language and clarity of expression are the outstanding qualities of this altogether commendable book. A glossary is an addition which is welcomed. The illustrations are adequate and have evidently been selected with care. They are well-reproduced, the frontispiece—a Gagnon picture—being particularly striking. The book is well-printed and bound, a fact which is of particular interest, as this is a Canadian product.

It is well-known to teachers and students that there has been a need for such a book, and it thus fills a blank which has existed in its field. The contents are well-balanced in the space that is devoted to the various subjects considered. The reader will appreciate that the applications used as illustrations of the physiological processes are the every-day happenings of life. An unusual feature, as distinct from most books by two or more authors, is that there is no evidence of any difference of style throughout the text, which indicates real collaboration.

The book is unreservedly recommended to those who are beginning the study of physiology, whether or not they intend to go farther into the subject. More books of this type would be welcomed, but unfortunately few authors seem capable of attaining the simplicity of style which is essential to elementary text-books.

GRANT FLEMING, M.D.,
Professor of Public Health,
McGill University, Montreal.

BOOKS RECEIVED FOR REVIEW

Textbook of Materia Medica and Therapeutics, by Sister Alma, Pharmacist and Instructor of Nurses, St. Thomas Hospital, Akron, Ohio. 329 pages; illustrated. Published by the Macmillan Company, New York, 1933. Price, $3.00.

The Medical Secretary, by Minnie Genevieve Morse, Member, Board of Registration, Association of Record Librarians of North America. 162 pages. Published by the Macmillan

Company, New York, 1933. Price, $1.80.

THE EARLY HISTORY OF THE INFANT WELFARE MOVEMENT, by G. F. McCleary, M.D. (Cantab.), D.P.H. Medical Officer of Health, Battersea. 176 pages; illustrated. Published by H. K. Lewis Company, Limited, London. Price in Great Britain, 6/- net.

PICTORIAL MIDWIFERY, by Comyns Berkeley, M.A., M.C., M.D. (Cantab.), F.R.C.P. (Lond.), F.R.C.S. (Eng.), Consulting Obstetric and Gynecological Surgeon to the Middlesex Hospital, etc. Illustrated by Georges M. Dupuy, M.D. 172 pages. Published in Canada by the Macmillan Company of Canada, St. Martin's House, Toronto. Price, $2.25.

THE HOSPITAL ALMONER, A Brief Study of Hospital Social Service in Great Britain. Published by a Committee of the Hospital Almoners' Association, Tavistock House (North), Tavistock Square, W.C.1.

NATIONAL HEALTH INSURANCE, by G. F. McCleary, M.D., formerly Principal Medical Officer, National Health Insurance Commission (England) and a Deputy Senior Medical Officer, Ministry of Health. 185 pages. Published by H. K. Lewis Company Ltd., 1932. Price in Great Britain, 6/-.

MASSAGE AND REMEDIAL EXERCISES, by Noel M. Tidy, Sister-in-Charge of the Massage Department, Princess Mary's Royal Air Force Hospital, Halton, England. 429 pages; illustrated. Published by the Macmillan Company of Canada. Price, $4.50.

STABILIZATION OF NURSING SERVICE

(Courtesy of Department of Public Information, American Nurses Association)

Improvements in both the nursing service given hospital patients and the type of instruction given students may result if the lessened turnover among the teaching and supervisory nursing staff of hospitals continues. This hopeful view is taken by May Ayres Burgess, Ph.D., director of the Committee on the Grading of Nursing Schools, who writes in the March number of the *American Journal of Nursing.*

Hospital nurses are holding fast to their present positions because of the increased competition brought about by the economic depression and the over-production of nurses. Three years ago, at the time of the first grading, the Committee found that the turnover among nurses in hospital teaching and supervisory positions was so great that in most schools a large proportion of the faculty had entered the hospital more recently than had the senior students. There was little real opportunity for students to become acquainted with their teachers or for teachers to carry through a carefully-planned educational programme.

Instructors, supervisors, heads of operating and delivery rooms were either just getting used to new jobs or just getting ready to leave old ones. Naturally, ward teaching suffered. In the second grading, Dr. Burgess reports, the typical nursing school faculty member has held her present position for 2.6 years. In the first grading the average tenure of faculty was 1.6 years.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

It seems fitting, in inaugurating this Department of the Journal, that the first topic to present itself for discussion should be the International Congress of Nurses which takes place in Paris and Brussels, July 9th to 15th, 1933. The International Council of Nurses was organised in 1899 and ten years later, the Canadian Nurses Association was received in affiliation, less than a year after the nurses of Canada had formed their own National Association.

Considerable information, issued by International Headquarters at Geneva, is now available concerning the official programme, and certain regulations with respect to registration should be carefully studied by nurses wishing to attend; viz.:—

Membership in the Congress

Membership in the Congress, and registration privileges, are confined to nurses who are members of their National Associations. In Canada, only such nurses as are members in good standing of one of the nine provincial nursing associations, are eligible for membership in the National Association.

Method of Registration

Members of the Canadian Nurses Association desiring to attend the Congress must obtain authorisation of membership in the C.N.A. Certificates of authorisation are being supplied to the secretaries of provincial associations, to whom application for certificate should be made. The certificate will contain the name of the member, her address, position and registration number, signed by the provincial secretary. As soon as possible, the completed certificate of authorisation and the registration fee ($2.00) for the Congress should be sent to the Committee on Arrangements, International Council of Nurses, 6, rue Francois 1er, Paris. The receipt received in return should be presented at the Registration Office when registering. Members of the C.N.A. who are availing themselves of travel opportunities offered by Thos. Cook and Son, Limited, are being advised by C.N.A. National Office of the place and time for registration in Paris.

It is gratifying to report that the C.N.A. can anticipate being well represented at the Congress. The information for Travel Arrangements and Tours prepared by Cook's, gives C.N.A. members a choice of several tours at very moderate cost. A copy of the Tour Programme can be obtained upon request to a branch office of Thos. Cook and Son, Limited: 1455 Union Avenue, Montreal; 65 Yonge Street, Toronto; 554 Granville Street, Vancouver. The Executive Secretary will be glad to supply information on points about which anyone desiring to join a tour may be in doubt. Such requests should be addressed to the National Office, Canadian Nurses Association, Suite 401, 1411 Crescent Street, Montreal, P.Q. A synopsis of the official programme of the Congress follows:

Monday, July 10th.

9.30 a.m. — 10.30 a.m. *Opening General Session.* Chairman: Mlle. Chaptal, President of the International Council of Nurses and President, National Association of Trained Nurses of

France. Addresses of welcome: His Excellency the Minister of Public Health, Professeur Léon Bernard, President, Conseil supérieur d'hygiène de France; M. Berthélemy, President, Conseil supérieur de l'assistance publique; Docteur Jules Renault, President, Conseil de perfectionnement des écoles d'infirmières; Miss E. M. Musson, Chairman, General Nursing Council, England and Wales; The Marquis de Lillers, Vice-President, League of Red Cross Societies; and a speaker from Germany.

10.45 a.m.—12.30 p.m. *Business General Session.* Chairman: Miss Clara D. Noyes, First Vice-President of the I.C.N., National Director, Nursing Service, American Red Cross; Reports of: President, Treasurer, Secretary, Chairmen of Committees.

Luncheons:

A.—Hospital Matrons or Superintendents of Nurses, Chairman: Miss A. Lloyd Still, Matron of St. Thomas's Hospital and Superintendent of the Nightingale Training School, London.

B.—Nurse Journalists, Chairman: Mrs. Ethel Gordon Fenwick, President of the National Council of Nurses of Great Britain.

3 p.m. *Section Meetings*:

A. Mental Nursing and Hygiene, Chairman: Norway; (1) The Opportunity of the Nursing Profession in Relation to the Mental Hygiene Movement; (2) The Teaching of Mental Nursing and Hygiene in the Basic Course.

B.—The Legal Aspects of Professional Conduct, Chairman: Belgium; (1) The Nurse's Responsibility in Relation to that of the Doctor; (2) How can the Nurse be Instructed to Meet her Responsibility?

C. Aptitude Tests in Connection with Admission Standards to Schools of Nursing, Chairman: United States of America.

D. Supply and Demand, Chairman: Finland; (1) Ratio of Nurses to Population and Area; (2) The World-wide Economic Depression in Relation to Nursing; (3) Employment Bureaux.

Tuesday, July 11th.

9.30 a.m. *Section Meetings*:

A. Industrial Nursing, Chairman: Belgium; (1) Insurance Societies and Nursing; (2) Methods of Health Work in Industry; (3) The Nurse in her Relation to the Employer and the Employee.

B. Nurses as Secretarial Officers and Professional Journalists, Chairman: China; (1) Training of Nurses as Secretarial Officers and Professional Nursing Journalists; (2) How to Obtain Contributions to a Nursing Magazine.

C. Private Duty Nursing, Chairman: Germany; (1) Hourly Nursing; (2) Schemes for Supervision and Regular Allowances for Private Duty Nurses.

D.—The Preliminary Course, Chairman: Great Britain; (1) The Organisation of Preliminary Training Schools for Nurses; (2) When Should the Probationer be Allowed to Take Part in the Routine Work of the Hospital Ward?

Luncheons:

A.—Directresses and Supervisors of Public Health Nurses, Chairman: Elzbieta Rabowska, Supervisor of School Nursing, Municipal Health Department, Warsaw.

B.—Sister Tutors or Nurse Instructors: Chairman: Mary Shih, Nurses' Association of China.

C.—What is Your Aim When You Train a Nurse? Chairman: Mlle. Chaptal, President, National Association of Trained Nurses of France; Director, Maison-école d'infirmières privées, Paris.

Afternoon: Excursions.

Evening: *General Session* — Reception of Newly Affiliated National Associations, Chairman: Ethel Gordon Fenwick, Founder of the International Council of Nurses; President, National Council of Nurses of Great Britain. (1) Introduction of National Representatives and Associate National Representatives of the I.C.N. (2) Introduction of Newly Affiliated Associations. (3) Living Pictures: (a) National Nursing Pioneers, (b) Historic Royal Nurses.

Wednesday, July 12th

10.00 a.m. *Section Meetings*:

A.—School Nursing, Chairman: Norway; (1) Development of Health Education as a Part of the School Curriculum; (2) Relation Between the School Nurse and the Teacher.

B.—State Supervision of Nursing, Chairman: New Zealand; (1) Compulsory State Registration of Nurses; (2) Function and Scope of Bureaux of Nursing Administered by National Governments.

C.—Hospital Nursing: Chairman: Denmark; (1) Hours of Work in Public Hospitals; (2) Cost Studies of Nursing Service; (3) How to Maintain the Interest of the Nursing Staff in Their Work.

D.—Demonstration of Nursing Technique in Communicable Diseases, Sisters of Saint Joseph de Cluny, Pasteur Hospital, Paris.

Luncheons:

A.—Directresses or Principals of Schools of Nursing: Chairman: Belgium; to be appointed.

B.—District Nurses, Chairman: Bella Gordon Alexander, President of the South African Trained Nurses' Association.

C.—Nurses Interested in Work for Mentally Deficient Children, Chairman: M. Petin-Gebhart, Director, Ecole d'infirmières visiteuses de la Ligue du Nord.

Afternoon: Excursions and Receptions.

Thursday, July 13th

Morning and Afternoon: Travel to Brussels by special trains, visiting Chantilly en route—luncheon to be taken in the train.

Evening: *General Session*—Public Meeting in Brussels, Chairman: Mlle. Jeanne Hellemans, President of the National Federation of Belgian Nurses. His Excellency M. Hymans, Belgian Minister of Foreign Affairs: Address; Dr. L. Rajchman, Director of the Health Section of the League of Nations: "Public Health as a Field of International Collaboration"; Geheimrat Professor Sauerbruch, University of Berlin: "The Importance of Nursing for the Patient, the Doctor and the Social Worker"; Miss Hazel Goff, Temporary Member of the Health Section of the League of Nations, gives a report on her work.

Friday, July 14th

10.00 a.m. *Section Meetings*:

A.—Rural Nursing, Chairman: Yugoslavia; (1) Supervision of the Rural Nurse; (2) Formation of Committees and Organisation of Work.

B.—Nursing in Colonies, Chairman: Java; (1) Training of Native Nurses; (2) Conditions of Work.

C.—The Basic Course of Training, Chairman: Irish Free State; (1) How to Include Public Health Nursing in the Basic Course; (2) What Should Be the Minimum Requirements of the Practical Experience in the Basic Course.

D.—A Summary of the Findings of Recent Nursing Surveys, Chairman: Canada; (1) U. S. A.: Committee on the Grading of Nursing Schools; (2) Canada: The Survey of Nursing Education; (3) Great Britain: The Lancet Commission on Nursing; (4) Poland; (5) Norway.

E.—Demonstrations of Nursing Procedures, Chairman: Bulgaria.

Luncheons:

A.—Esperanto, Chairman: M. Verwey Mejan, Secretary of Nosokomos (Dutch Nurses' Association).

B.—Health of Nurses, Chairman: Dominika Pietzcker, Superintendent of Nurses, Rudolfinerhaus, Vienna.

C.—Nurses Actively Engaged in Red Cross Work, Chairman: Mrs. Maynard L. Carter, Chief, Division of Nursing, League of Red Cross Societies.

Afternoon: Films and Reception.

Evening: *General Session*—Chairman: Elnora Thomson, President, American Nurses' Association; Director, Department of Nursing Education, University of Oregon Medical School. "Inspection of Schools of Nursing by Nurses". Speakers: Adda Eldredge, Director, Bureau of Nursing Education, State Board of Health, Wisconsin; Kerstin Nordendahl, Superintendent of State Registration for Nurses, Sweden; Jeanne de Joannis, Director, Ecole professionnelle d'assistance aux malades, Inspector of Schools of Nursing, Central Nursing Bureau, Paris; New Zealand, to be appointed; Beatrice L. Ellis, Superintendent of Nurses, Toronto Western Hospital, Toronto; M. Babicka-Zachertowa, Chief, Nursing Department, Ministry of the Interior, Warsaw; Aino Durchman, Matron, University Hospital for Medical Diseases of Helsinki; Director of the State Teaching Course for Nurses.

Saturday, July 15th

9.30 a.m. *Section Meetings*:

A.—Insurance Schemes for Nurses, Chairman: Germany; (1) Superannuation or Pension Schemes; (2) Sickness and Disablement Insurance; (3) Unemployment Insurance.

B.—How to Stimulate the Interest of the Public in Nursing, Chairman: Poland; (1) How to Stimulate Interest in Nursing Education; (2) How to Stimulate Interest in the Nursing Profession.

C.—Public Health Nursing and Social Work, Chairman: France; (1) The Family as a Basis for Social Work; (2) Hospital Social Service and the Nurse.

D.—New Developments in Nursing, Chairman: Brazil; (1) Research Work in Nursing Technique; (2) Scientific Principles and Their Application to Nursing; (3) Principles and Ideals in Education: Their Application to Nursing Education.

E.—Demonstrations of Nursing Procedures, Chairman: Cuba.

Luncheons:

A.—Inspectors of Nursing Schools, Chairman: Canada.

B.—Private Duty Nurses, Chairman: H. Waterloos, Manager of the Nurses' Club, Brussels.

C.—Text and Reference Books for Nurses, Chairman: Marchioness di Targiana di Giunti, Chief, Nursing Service of the Italian Red Cross Society.

2.00 p.m.-4.00 p.m. *General Business Session.*

Chairman: Jean I. Gunn, Second Vice-President of the I.C.N., Superintendent of Nurses, Toronto General Hospital, Canada. Reports of Chairmen of Standing Committees on: Nursing Education: Isabel M. Stewart (U. S. A.); Public Health Nursing: Mary S. Gardner (U. S. A.); Private Duty Nursing: Isabel Macdonald (Great Britain); Mental Nursing and Hygiene: Karin Newman-Rahn (Finland); Resolutions; Introduction of Newly Elected Officers.

5.00 p.m. *Closing Ceremonies.*

Chairman: The Newly Elected President of the International Council of Nurses. Address: Dr. Malvoz, Professor of the University of Liège: "Public Health and Its Legislative Measures". His Excellency the Minister of Social Affairs and Public Health: Address, Dr. V. Pechère, President of the National Association for Belgian Schools of Nursing: "Nursing Education in Belgium." Addresses of farewell from the five Continents, made by representatives from: Brazil, Greece, India, New Zealand and South Africa.

Evening:

A reception will be arranged as the concluding social event of the Congress.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

Edmonton: At the February meeting of the Edmonton Graduate Nurses Association a full attendance listened to a most interesting address on State Medicine given by Mr. Chris. Pattinson, M.L.A. for Peace River, who spoke of the great need of community centres, especially through the northern districts, so that medical service and advice could be available to all. He stated that health to-day is just as important as education and that responsibility for maintaining it must be shared by the community, by means of a State medical service which would enable the people to protect their health through the use of preventive measures. Such service would provide the best available medical care for those in financial straits and would not be likely to adversely affect private practice or hospitals. Mr. Pattinson emphasized the fact that the nursing profession must aspire to a high standard and carry on efficient work and that there must be some system adopted whereby the sick will get the nursing attention they require and the nurse the employment of which she stands in need.

Grande Prairie: Miss G. M. Downey of the Grande Prairie Municipal Hospital Nursing Staff has returned to her Training School, St. Paul's Hospital, Saskatoon, for post-graduate instruction in Operating Room work. During her absence Miss Madelaine Garrett (Winnipeg General '31) will assist in the Operating Room. Miss Olive Owens, who has also been on the staff for some years, is completing a post-graduate course in pediatrics at the Children's Hospital of Winnipeg and will return in April.

Calgary: Recently the Calgary Association of Graduate Nurses sponsored a lecture given by Dr. G. E. Learmonth on "Recent Advances in our knowledge of parathyroid, especially in relation to certain bone diseases." The lecture was well attended and much enjoyed by the members. Plans have been completed for the annual dance under the auspices of the Association which will be held on Thursday, April 20. Miss A. Casey is convenor of the event. A dance has been organized by the C.A.G.N. to increase membership; appeals have been sent to non-members and former members whose memberships have lapsed. Considering the financial situation and lack of employment the appeal has met with a fair amount of success.

Lethbridge: Miss Jean McKenzie was elected President of the Lethbridge Graduate Nurses' Association at their Annual Meeting held recently, seventeen members being present. Other officers for 1933 include: Vice-President, Mrs. J. E. Thompson; Secretary, Miss B. Clarke; Treasurer, Miss L. Parry.

BRITISH COLUMBIA

Victoria: The Annual Meeting of the Victoria Graduate Nurses Association was held on February 7, in the Royal Provincial Jubilee Hospital. The usual routine monthly business was despatched, after which the reports were read from the various departments of the organization, showing that in spite of hard times and financial conditions, there is still room for hope. The scrutineers' report showed the following officers elected for the year: President, Miss E. J. Herbert; Secretary, Miss Irene Helgasen; Treasurer, Miss W. M. Cooke; Registrar, Miss Edith Franks; Councillors, Miss C. Kenny, Miss E. Cameron, Miss H. Cruickshank, Miss E. C. McDonald, Mrs. E. B. Strachan. At the close of the business meeting the retiring President, Miss Meta Hodge, gave a few inspiring words of encouragement to the members. Miss Helen Randal, R.N. Provincial Registrar, also gave a word of greeting and a little timely information on nominations and the ballot. The meeting then adjourned to the spacious living room, where refreshments were served and a social hour spent.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

Districts No. 2 & 3.

Brantford: The February meeting of the Alumnae Association of the Brantford General Hospital was held on February 7, in the Nurses' Residence. The special speaker for the evening was Dr. C. C. Alexander, his Address being "Of What Use are Doctors and Dentists?", which proved very interesting; following this a short musical programme was given by several students from the Ontario School for the Blind. Mrs. W. F. McLean (Edna Clarke) class 1926, and Miss Reita Grahma class 1927, Brantford General Hospital, spent an enjoyable week visiting friends in Brantford. Miss Frances Batty, class 1930, arranged an attractive shower recently in honour of Miss Betty Speirs, class 1929, who is being married in the near future. Members of the 1930 class and other friends of Miss Joyce Jordan, gathered at the home of Mrs. S. M. Roadhouse, and presented Miss Jordan with a lamp and cushion previous to her marriage which takes place shortly.

DISTRICT No. 6.

PETERBOROUGH: The Nicholls Hospital Alumnae at the March meeting had the pleasure of listening to an address by Miss A. M. Munn, who spoke on "Nursing Problems". The annual card party was held on February 14, and was largely attended. The proceeds are to be used for purposes of relief.

DISTRICT No. 10

The regular monthly meeting of the R.N.A.O. District 10, was held on March 2, in the General Hospital, Port Arthur, with Mrs. Edwards presiding. After a short business meeting, Dr. F. A. Blatchford gave a very interesting address on "Dentistry," which was followed by an amusing sketch on Dentistry by the C.G.I.T. girls under the leadership of Mrs. E. G. Edwards. There were thirty members present.

GUELPH: The Annual Meeting of the Alumnae Association of the Guelph General Hospital was held in the Nurses' Residence January 9, 1933. Election of officers for 1933 took place. Miss Kenney, who has been ill for the past six weeks, is feeling better and will soon be back on duty. Miss A. Campbell has had Miss Moore of the Public Health Department visiting with her recently. The staff members entertained at dinner for Miss A. Campbell recently, the occasion being Miss Campbell's birthday.

HAMILTON: On February 24th, a largely attended dance took place at the Nurses' Residence of St. Joseph's Hospital. The committee were as follows: Miss F. Nicholson (convener), Miss M. Kelly, Miss E. Golden, L. McElhome, Miss H. Robinson, Miss I. Hoyle, Miss G. Schnette, Miss K. Dowling and Miss M. Simmott. On February 6th a Euchre and Bridge were held, Miss Florence Nicholson being convener assisted by Miss L. McElhome, Miss A. Melody, Miss E. Quinn, Miss H. McManamy, Miss L. Hoyle and Miss A. Williams.

OTTAWA: The Lady Stanley Alumnae Association held a delightfully arranged bridge party on March 2nd. About fifty guests were present and were graciously received by the President, Miss Jean Blyth, who was assisted by Miss Mabel Stewart and Miss Margaret McNiece. The "Door" prize was won by Mrs. H. P. Evans and a special prize donated by Mrs. Manley was won by Miss M. Shaver. Bridge prizes were awarded to Miss M. Smith, Miss M. Stewart and Mrs. J. Jowsey.

OWEN SOUND: The officers of the Owen Sound Nurses Alumnae Association for 1933 are as follows: Hon. President, Miss B. Hall; President, Miss Cora Thompson; First Vice-President, Miss F. Rae; Second Vice-President, Miss C. Maxwell; Sec-Treasurer, Miss Mary Paton; Asst.-Secretary-Treasurer, Miss J. Agnew; Flower Committee, Miss Alma Weedon, Miss Marjorie Ellis and Mrs. J. Burns; Programme Committee, Miss M. Cruikshanks, Miss Cora Stewart; Press Representative, Miss M. Story; Lunch Committee, Miss Leone McDonald, Miss R. Duncan, Mrs. J. Burns; Auditor, Miss M. Simpson.

TORONTO: The appointment of Miss Elizabeth Smellie, Chief Superintendent, Victorian Order of Nurses for Canada, as Honorary Consultant in Public Health Nursing, to the Ontario Department of Health, has been announced by the Minister of Health, Honorable Dr. John M. Robb.

Public Health Nurses in the following centres outside Toronto are giving field work to graduate students of the Department of Public Health Nursing, University of Toronto; Kitchener, Oakville, Orillia, Burlington, Oshawa, Paris, Lindsay, Stratford, Renfrew, Weston, Simcoe, New Toronto, and the Townships of East and North York.

WINDSOR: The Registered Nurses Association of Ontario has arranged with the Prince Edward Hotel, Windsor, for special rates during the annual meeting which takes place April 20-22 inclusive. The rates are as follows: Single room with bath at $3.00 a day minimum; ranging to $5.00 according to size and location. Double room with double bed and bath in inside location at $4.00 or $4.50 a day. Double room with double bed and bath in outside location at $5.00 a day. Double room with twin beds and bath, larger in outside location, $6.00 or $7.00 a day. A double room equipped with double bed and bath at $5.00 a day when occupied by two people, and $1.00 a day for each additional guest occupying the same room. A bungalow bed to supply the necessary sleeping accommodation for each extra occupant can be provided. The same arrangement for a double room and bath in inside location at $4.00 a day for two people may be made.

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

Hamilton: The Hamilton Branch of the Overseas Nursing Sisters Association held their Annual Meeting dinner and bridge party on January 31st. Nineteen nurses were present. The following officers were elected for the coming year: President, Miss Cowan; Hon-President, Miss Rayside, R.R.C.; Vice-President, Miss Boyd; Sec-Treasurer, Mrs. Turner; Executive Committee, Miss Galloway, Miss Walker, Miss Williams, Miss Long, Miss King, Miss Foster, Miss Chisholm.

Kingston: The Kingston Overseas Nursing Association held their Annual Meeting in January. A dinner and theatre party was much enjoyed by the fourteen members present. Miss Olivia Wilson succeeded Miss Maude Abernethy as president. Miss L. Herrington and Miss Lillian McGill were elected Vice-President and Secretary-Treasurer respectively. Miss Margaret Patterson, C.A.M.C. Canadian General Hospital No. 2, became a member.

Toronto Unit: On February 25, the home of Mrs. Jack Bell was the scene of a delightful informal tea given by the officers and executive of the Toronto Unit of the Overseas Nursing Sisters' Association. The guests, who numbered 150, were received by the hostess who is the President of the club, and by the Vice-President, Miss Harriet Meiklejohn, in the drawing room, which was filled with spring flowers and cheered by a blazing hearth fire, in cheerful contrast to the disappointing weather, which prevented many members from nearby cities from driving in for the occasion. Presiding at the tea-table were Mrs. Guy Dingle, Mrs. J. E. Barry, Mrs. M. M. Crawford, Mrs. D. Forgan and Mrs. Guy Bevan. They were assisted by Mrs. John McKay, Mrs. Ross Jamieson, Mrs. W. Hanna, Mrs. L. Cody, Mrs. Wm. Givens and others.

Montreal: The Annual Meeting of the Overseas Nursing Sisters' Association of Canada, Montreal Branch, was held on January 27, 1933. The following officers were elected: President, Miss N. Enright; Vice-President, Miss C. E. Connerty; Secretary, Mrs. J. A. Toller, 4107 Grand Blvd.; Treasurer, Miss C. Harrison; Sick Visiting, Miss Mary Wright; Last Post Fund, Mrs. Stuart Ramsey; Executive, Miss Kay, Mrs. Turcott and Miss Gaskin. During the year a bridge was held at the Western Hospital, over sixty members being present. Members sold poppies in the theatres on the night of November 10th, in aid of the Relief Fund. The annual Armistice Dinner was held on November 11th, and the members were entertained by Messrs. J. Rice and G. Vander Straton. The Association contributed to the Last Post Fund and to the Relief of Unemployed Veterans.

Windsor: The Windsor Overseas Nursing Association held its Annual Meeting on February 3, with the Vice-Chairman, Mrs. Gilbert Story (Marion Star) presiding. The President, Miss Nellie Gerard, was prevented by illness from being present. Reports of the activities of the group were presented and the election of officers resulted as follows: President, Miss Caroline La Rose; Vice-President, Mrs. (Dr.) Windelar; Secretary-Treasurer, Miss Frances McNally. A delightful social hour was enjoyed at the conclusion of the meeting.

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

CANADIAN NURSES' ASSOCIATION

Officers

Honorary President............................Miss M. A. Snively, General Hospital, Toronto, Ont.
President..................................Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President.........................Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President........... Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary.........................Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer ....Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. P. Campbell, 516 Vancouver Block, Vancouver; (2) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Kerr, 946 20th Ave. West, Vancouver, (4) Miss E. Franks, Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria, B.C.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Ontario: (1) Miss Mary Millman, 126 Pape Ave., Toronto; (2) Miss Constance Brewster, General Hospital, Hamilton; (3) Miss Clara Vale, 75 Huntley St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown,

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

NURSING EDUCATION: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; PUBLIC HEALTH: Miss M. Moag, 1246 Bishop St., Montreal; PRIVATE DUTY: Miss Isabel MacIntosh, 281 Park St. S., Hamilton.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES' ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; VICE-CHAIRMAN: Miss M. F. Gray, University of British Columbia, Vancouver; SECRETARY: Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal; TREASURER: Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa,

COUNCILLORS.—**Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba:** Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax, **Ontario:** Miss Constance Brewster, General Hospital, Hamilton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg.

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CHAIRMAN: Miss Isabel MacIntosh, 281 Park St. S., Hamilton; VICE-CHAIRMAN: Miss Mabel McMullen, Box 338, St. Stephen; SECRETARY-TREASURER: Mrs. Rose Hess, 139 Wellington Street, Hamilton.

COUNCILLORS.—**Alberta:** Miss Phyllis N. Gilbert, 113 25th Ave. W., Calgary **British Columbia:** Miss E. Franks, Ste. 5, 1035 Fairfield Road, Victoria. **Manitoba:** Miss K. McCallum, 181 Enfield Crescent, Norwood. **New Brunswick:** Miss Mabel McMullen, St. Stephen. **Nova Scotia:** Miss Jean Trivett, 71 Cobourg Road, Halifax. **Ontario:** Miss Clara Brown, 23 Kendal Ave., Toronto. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss Sara Matheson, 2151 Lincoln Ave., Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon. CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss M. Moag, 1246 Bishop St., Montreal; VICE-CHAIRMAN: Miss M. Kerr, 946 20th Ave. W., Vancouver; SECRETARY-TREASURER: Mrs. I. Manson Prince, School for Graduate Nurses, McGill University, Montreal.

COUNCILLORS.—**Alberta:** Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Kerr, 946 20th Ave., W., Vancouver; **Manitoba:** Miss A. Laporte, St. Norbert. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax. **Ontario:** Miss Clara Vale, 75 Huntley St., Toronto. **Prince Edward Island:** Miss Ina Gillan, 59 Grafton St., Charlottetown. **Quebec:** Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeney, Dept. of Public Health, Parliament Buildings, Regina. CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto.

of Public Health
Faculty of Public Health of the
University of Western Ontario
CANADA

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building Edmonton; Nursing Education Section, Miss J. Connal, General Hospital, Calgary; Public Health Section, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, Miss M. P. Campbell, R.N., 516 Vancouver Block, Vancouver; First Vice-President, Miss E. Breeze, R.N., 4662 Angus Ave., Vancouver; Second Vice-President, Miss G. Fairley, R.N., Vancouver General Hospital, Vancouver; Registrar, Miss Helen Randal, R.N., 516 Vancouver Block, Vancouver; Secretary, Miss M. Dutton, R.N., 516 Vancouver Block, Vancouver; Conveners of Committees: Nursing Education, Miss M. F. Gray, R.N., University of British Columbia, Vancouver; Public Health, Miss M. Kerr, R.N., 946 20th Ave. West, Vancouver, B.C.; Private Duty, Miss E. Franks, R.N., Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria; Councillors, Mrs. P. Kirkness, R.N., Misses J. Archibald, R.N., M. Duffield, R.N., L. McAllister, R.N.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg: 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital; First Vice-President, Miss Margaret Murdoch, Saint John General Hospital; Second Vice-President, Mrs. A. G. Woodcock, Victoria Public Hospital, Fredericton; Honorary Secretary, Sister Kenny, Hotel Dieu Hospital, Chatham; Conveners—Nursing Education Section: Sister Kerr, Hotel Dieu Hospital, Campbellton; Public Health Section: Miss Ada A. Burns, Health Centre, Saint John; Private Duty Section: Miss Mabel McMullin, St. Stephen; Constitution and By-Laws, Miss Sarah Brophy, Fairville, N.B.; Canadian Nurse, Miss Kathleen Lawson, 84 Wright St., St. John; Council Members, Saint John, Miss Dykeman, Miss Coleman. Moncton, Miss Myrtle Kay. Woodstock, Miss Elsie M. Tulloch. Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St., West St. John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Children's Hospital, Halifax; Second Vice-President, Miss Ethel Grant, Infectious Diseases Hospital, Halifax; Third Vice-President, Miss Gertrude MacKenzie, 55½ Lemarchant St., Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Corresponding Secretary, Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario
(Incorporated 1925)

President, Miss Mary Millman, 126 Pape Ave., Toronto; First Vice-President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Second Vice-President, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; District No. 1: Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; Districts Nos. 2 and 3: Chairman, Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Edith Jones, 253 Grenwick St., Brantford; District No. 4: Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Norman Barlow, 211 Stinson St., Hamilton; District No. 5: Chairman, Miss Dorothy Mickleborough, 169 College St., Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road E., Toronto; District No. 6: Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer to be appointed; District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Evelyn Freeman, General Hospital, Kingston. District No. 8: Chairman, Miss Dorothy Percy, 434 Queen St., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa; District No. 9: Chairman, Miss Katherine Mackenzie, 235 First Ave. E., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave., E., North Bay; District No. 10: Chairman, Mrs. M. Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman; Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers-Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips M. F. Hersey, Bertha Harmer, M. A. Mabel Clint. Rev. Mere M. A. Allaire, Rev. Soeur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Allder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistie, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English) Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St Jean-de-Dieu, Gamelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Universite de Montreal (Ecole d'Hygiene Appliquee), Melles Edna Lynch, Apt. 3, 4503 rue St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Rita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss R. M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss M. McGill, Normal School, Saskatoon; Councillors, Sister Mary Raphael, Providence Hospital, Moose Jaw, Miss G. M. Watson, City Hospital, Saskatoon; Conveners of Standing Committees: Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeny, Department of Public Health Regina; Private Duty, Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman; Press and Corresponding Secretary: Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. Mary Tobin; First Vice-President, Mrs. Laing; Second Vice-President, Miss F. Ireland; Secretary, Miss M. Hagerman, City Court House, 1st St.; Treasurer, Miss Ida Henderson; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Miss M. Murray; Private Duty Section, Miss V. Ross; Correspondent, "The Canadian Nurse", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Matron, Kootenay Lake General Hospital; President, Miss A. Cant; First Vice-President, Mrs. P. Bates; Second Vice-President, Miss M. Madden; Third Vice-President, Mrs. Scatchard; Secretary-Treasurer, Mrs. A. Banks, Box 1053, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss Grace M. Fairley, General Hospital, Vancouver; Second Vice-President, Miss J. Matheson; Secretary, Miss K. F. Perrin, 3629 2nd Ave. W., Vancouver; Treasurer, Miss L. G. Archibald, 536 12th Ave. W., Vancouver; Council, Misses O. M. Shore, M. Gray, D. McDermott, J. Johnston, M. Duffield; Conveners of Committees: Sick Visiting, Miss B. Cunliff; Directory, Miss H. Smith; Creche, Miss M. McLellan; Finance, Mrs. Dugdale and Miss Wismer; Representative: "The Canadian Nurse", Miss M. G. Laird; Representative, Local Press, Rotating members of the Board.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss M. K. Finlayson; First Vice-President, Miss J. Anderson; Second Vice-President, Miss H. Ward; Secretary, Miss J. A. Munro, 243 12th Street; Treasurer, Miss E. G. McNally, General Hospital; Conveners of Committees: Social and Programme, Mrs. S. J. S. Pierce; Sick and Visiting, Miss A. Bennett; Welfare Representative, Mrs. R. Darrach; Press Reporter, Miss. D Longley; Cook Book, Mrs. A. Kains; Registrar, Miss C. M. MacLeod.

ONTARIO

Graduate Nurses Association, Kitchener and Waterloo

President, Miss K. W. Scott; First Vice-President, Mrs. Wm. Noll; Second Vice-President, Miss K. Grant; Secretary, Miss A. E. Bingeman, Freeport Sanatorium; Treasurer, Mrs. Wm. Knell, 41 Ahrens St. W.; Representative, "The Canadian Nurse", Miss E. Hartleib.

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss H. S. Buck, Superintendent, Sherbrooke Hospital; President, Miss H. Hetherington; First Vice-President, Miss Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss E. Morrissette; Representative, "The Canadian Nurse", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

Montreal Graduate Nurses' Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. Advisory President, Miss Cora Keir; Hon. President, Miss Beth Smith; President, Mrs. M. Young; First Vice-President, Miss M. Armstrong; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss F. Caldwell, 262 Athabasca E.; Registrar, Miss C. Keir; Conveners of Committees: Nursing Education, Miss Last; Private Duty, Miss Wallace; Constitution and By-laws, Miss Lamond; Programme, Miss G. Taylor; Sick and Visiting, Miss McIntyre; Social, Miss Lowry; "The Canadian Nurse", Miss M. McQuarrie; Press Representative, Mrs. Philips.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital Edmonton

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Lamont Public Hospital

Hon. President, Mrs. R. E. Harrison; President, Miss M. Boutillier; Vice-President, Miss L. Wright; Secretary-Treasurer, Mrs. C. Craig, Namao, Alta.; Corresponding Secretary, Miss F. E. C. Reid, Box 84, Innisfree, Alta.; Social Committee, Mrs. G. Harold, Mrs. M. Alton.

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Berry; Vice-President, Miss K. Flahiff; Secretary, Miss F. Treavor; Assistant Secretary, Miss M. Johnson; Secretary-Treasurer, Miss L. Elizabeth Otterbine; Executive, Misses M. Briggs, V. Dyer, K. Withyman, Ethel Carter, and I. Kent.

A.A., Vancouver General Hospital

Hon. President, Miss Grace Fairley; President, Mrs. G. E. Gillies; First Vice-President, Miss J. Hardy; Second Vice-President, Miss E. Erskine; Secretary Mrs. J Jones, 3681 2nd Ave. W.; Assistant Secretary, Miss M. Grainger; Treasurer, Miss A. Geary, 3176 West 2nd Ave.; Committee Conveners—Programme, Miss C. Tretheway; Bond, Miss D. Bullock; Sick Visiting. Miss O. Shore; Sewing, Mrs. R. Gordon; Membership, Miss F. Verchere; Sick Benefit Fund, Miss I. McVicar; Representatives: Local Press, Mrs. R. Gordon; V.G.N.A., Miss Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Chambers; Second Vice-President, Mrs. Carruthers; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. McKenzie; Treasurer, Miss E. Newman; Convener, Entertainment Committee. Miss I. Helgeson; Sick Nurse, Miss C. McKenzie.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Blk., Wpg.; Secretary, Miss Jeannie Archibald, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Miss B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugenie Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash Street; President, Mrs. W. E. Harry, Winnipeg General Hospital; First Vice-President, Miss Emily Parker, 580 Broadway Avenue; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss M. Cowie, Winnipeg General Hospital; Corresponding Secretary, Mrs. A. Swan, 20 Dalkeith Apts. Recording Secretary, Miss J. Landy, Winnipeg, General Hospital; Treasurer, Miss M. Macdonald, Central T. B. Clinic; Sick Visiting, Miss Jean Machray, Winnipeg General Hospital; Membership, Miss Helen Turner, 133 Spence Street; Programme, Miss A. Pearson, Winnipeg General Hospital; Editor of Journal, Miss Ruth Monk, 134 Westgate; Assistant Editor, Miss Grace Gourley, 230 Oxford Street; Business Manager, Miss E. Timlick, Winnipeg General Hospital

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss M. A. Fitzgerald; Vice-President, Miss H. Molyneaux; Secretary, Miss W. Almey; Treasurer, Miss B. Allen; Flower Committee, Miss H. Fitzgerald; Social Committee, Miss E. Wright; Representative to "The Canadian Nurse", Miss V. Humphries.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss K. Charnley; Vice-President. Miss G. Turnbull; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss V. Buckwell; Treasurer, Miss L. Gillespie, Gen'l Hospital, Brantford; Social Convener, Mrs. D. A. Morrison; Flower Committee, Mrs. E. Claridge, Miss F. Stewart; Gift Committee, Mrs. G. Andrews, Miss W. Laird; "The Canadian Nurse" and Press Representative, Miss D. Arnold; Chairman Private Duty Council, Miss E. M. Jones; Representative to Local Council of Women, Mrs. Reg. Hamilton.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse", Miss V. Kendrick.

CHATHAM

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative The Canadian Nurse: Miss Ruth Winter; Representative District No. 1, R.N.A.O.: Miss Jean Lundy.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Barbara Peterson; Second Vice-President, Miss H. C. Wilson; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to "The Canadian Nurse", Miss K. Burke.

GALT

A.A., Galt Hospital

President, Miss G. Rutherford; Vice-President, Mrs. F. L. Roelofson; Secretary, Miss L. MacNair, 91 Victoria Ave.; Treasurer, Miss A. McDonald; Flower Committee Convener, Miss E. Hyslop.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; Committees: Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse", Miss Marion Wood.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken; Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayfer; Treasurer, Miss Helen Buhler, 549 Main St.; Secretary-Treasurer Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.-A.O., Miss G. Hall; Representatives to Registry Committee, Misses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse" Misses Scheifle, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

Hon.-President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson, Secretary; Miss Mabel MacIntosh, 48 Locomotive Street; Treasurer, Miss M. Kelly, 43 Gladstone Avenue; Representative Canadian Nurse: Miss B. Cronin, 103 Augusta Street; Representative R.N.A.O.: Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Rocque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

First Hon. President; Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Miss Oleira M. Wilson; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Mrs. S. F. Campbell; Third Vice-President Miss Ann Baillie; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss C. Milton, 404 Brock St.; Recording Secretary, Miss Ann Davis, 96 Lower William St.; Convener Flower Committee, Mrs. George Nicol, 355 Frontenac St.; Press Representative, Miss Helen Babcook. Kingston General Hospital; Private Duty Section, Miss Emma McLean, 478 Frontenac St.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Miss L. McTague; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sitler, 32 Troy St.; Asst Secretary, Miss J. Sinclair; Treasurer, Miss E. Ferry; "The Canadian Nurse", Miss E. Hartlieb.

LONDON

A.A., St. Joseph's Hospital

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Florence Connolly; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Gertrude Dietrick; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Orpha Miller; Press Representative, Miss Madalene Baker; Representatives to Registry Board: Misses R. Rouatt, E. Armishaw, F. Connolly.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S., London; First Vice-President, Miss C. Gillies; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss M. Thomas, 490 Piccadilly St., London; Secretary, Miss V. Ardiel, Corresponding Secretary, Miss G. Hardy, 645 Queen's Ave., London; Board of Directors, Misses Mortimer, Walker, Yule, Malloch, McGugan, Mrs. H. Smith.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Mrs. J. Taylor; First Vice-President, Miss L. McConnel; Second Vice-President, Miss K. Prest; Secretary-Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss J. McClure; Sick Committee, Miss Irving, Miss Coutts, Mrs. Weaver.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss A. V. Reekie; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvies; Secretary-Treasurer, Miss Alice M. Smith, 18 Matchedash St. S.

Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss Jessie McIntosh, 39 Simcoe St. N.; Vice-President, Miss Jean Thompson; Secretary, Miss Jessie McKinnon, 134 Alice St.; Asst-Secretary, Miss Irene Goodman, 512 Simcoe St. N.; Corr-Secretary, Miss Jean Stewart, 134 Alice St.; Treasurer, Mrs. W. Luke, 8 Madison Apts., Simcoe St. S.

OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Mrs. W. Elmitt; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. Lou Morton, 49 Bower Ave.; Treasurer, Miss Mary C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Vimy Apts., Charlotte St.; Miss C. Flack, 152 First Ave.; Miss L. Belford, Perley Home, Aylmer Ave.; Miss E. McGibbon, 114 Carling Ave.; Representative "The Canadian Nurse", Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Miss E. Allen.

A.A., Ottawa Civic Hospital

Hon.-President, Miss Gertrude Bennett; President, Miss Edna Osborne; 1st Vice-President, Miss Dorothy Moxley; 2nd Vice-President, Miss Lera Barry; Recording Secretary, Miss Martha McIntosh; Corresponding Secretary, Miss M. Downey; Treasurer, Miss Winifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Froats, Miss B. Eddy, Miss E. Lyons; Representatives to Central Registry, Miss Inda Kemp Miss K. Clarke, Press-Correspondent, Miss Evelyn Pepper; Convener Flower Committee, Miss M. MacCallum.

A.A. Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitile; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss D. Knox; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women, Mrs. J. A. Latimer, Mrs. E. Viau, Mrs. L. Denne, Miss F. Nevins; Representatives to Central Registry, Miss M. O. Hare, Miss A. Stackpole ; Representative to "The Canadian Nurse", Miss Kitty Ryan.

A.A., St. Luke's Hospital

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Mrs. J. Pritchard; Treasurer, Miss May Hewitt; Nominating Committee, Misses Sadie Clark, Mina MacLaren, Hazel Lyttle.

OWEN SOUND

A.A. Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss Cora Thompson; First Vice-President, Miss F. Rae; Second Vice-President, Miss C. Maxwell; Sec.-Treasurer, Miss Mary Paton; Asst.-Secretary-Treasurer, Miss J. Agnew; Flower Committee, Miss Alma Weedon, Miss Marjorie Ellis and Mrs. J. Burns; Programme Committee, Miss M. Cruikshanks, Miss Cora Stewart; Press Representative, Miss M. Story; Lunch Committee, Miss Leone McDonald, Miss R. Duncan, Mrs. L. Burns; Auditor, Miss M. Simpson.

PETERBORO

A.A., Nicholls Hospital

Hon. President, Mrs. E. M. Leeson; President, Miss H. Anderson, 710 George St.; First Vice-President, Miss L. Simpson; Second Vice-President, Miss M. Watson; Secretary, Miss F. Vickers, 738 George St.; Corresponding Secretary, Miss E. McBrien; Treasurer, Miss L. Ball, 641 Water St.; Convener Social Committee, Mrs. Roy White; Convener of Flower Committee, Mrs. Ray Pogue.

SARNIA

A.A., Sarnia General Hospital

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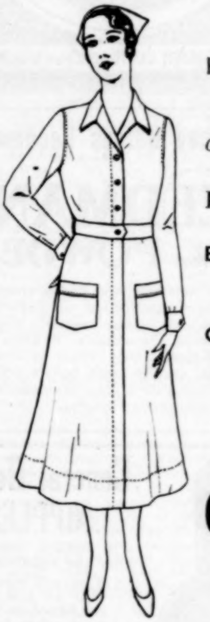

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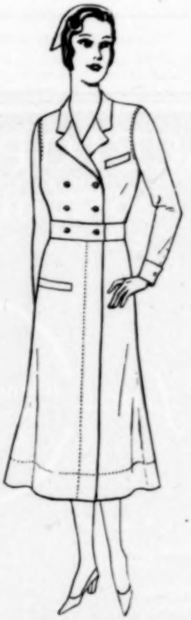

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